

Name  
In  
Full

John W. Barber

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Easton		Calvert	-
Date of death	Month	Day	Years Months Days
1907	July	27	Age 81 , 10 22
Sex	Male	Color or Race	White
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Wm. J. Barber
Father's Name	Burton Barber		
Mother's Maiden Name	Mercy Allen		
Name of person giving information	Isaac A. Barber		

CAUSES OF DEATH

45

PHYSICIAN  
OR CORONER

Primary

Sarcoma of the kidney

How long

One year

Immediate

Acute nephritis

How long

Two weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

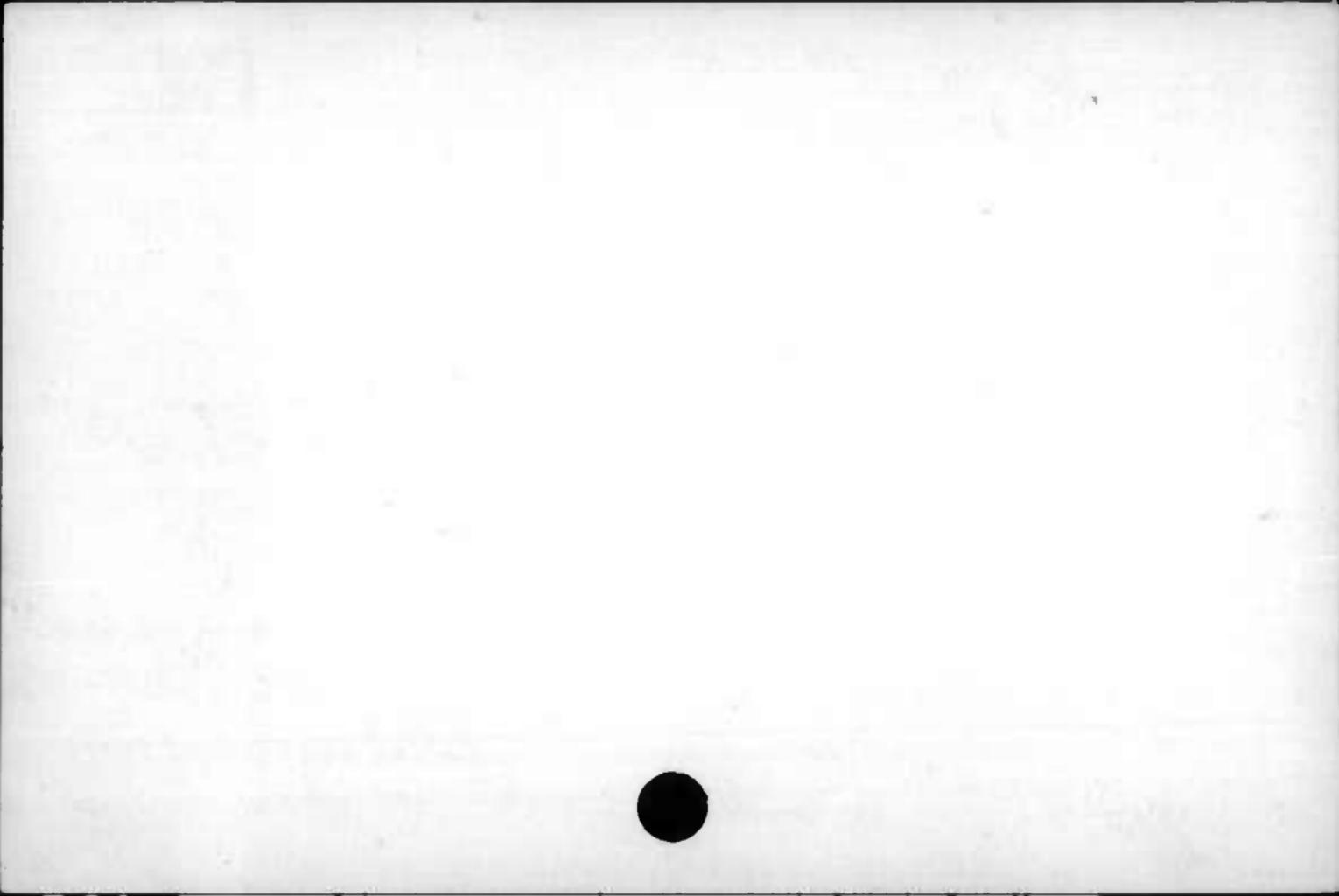
Address

J. A. Stevens  
Easton

Md.

Accident or Suicide?

No



Name  
in  
Full

Wilfred Balemaw

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1907	Month July	Day 9	Age 47	Years	Months Days
Sex Male	Color or Race white	Birthplace Washington			
Occupation Lawyer	Where Residing if not at place of death Fashion				
Married, Single or Widowed Single	Name of Wife or Husband	Father's Birthplace			
Father's Name Harry E Balemaw	Mother's Birthplace	Jacob Co			
Mother's Maiden Name Ariannah Hopkins	How related to deceased Son				
Name of person giving information F. G. W. H. L. M.					

CAUSES OF DEATH

120

How long

Four years

How long

Three days

PHYSICIAN  
OR CORONER

Primary

Chronic Bright's Disease

Immediate

Uræmia

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

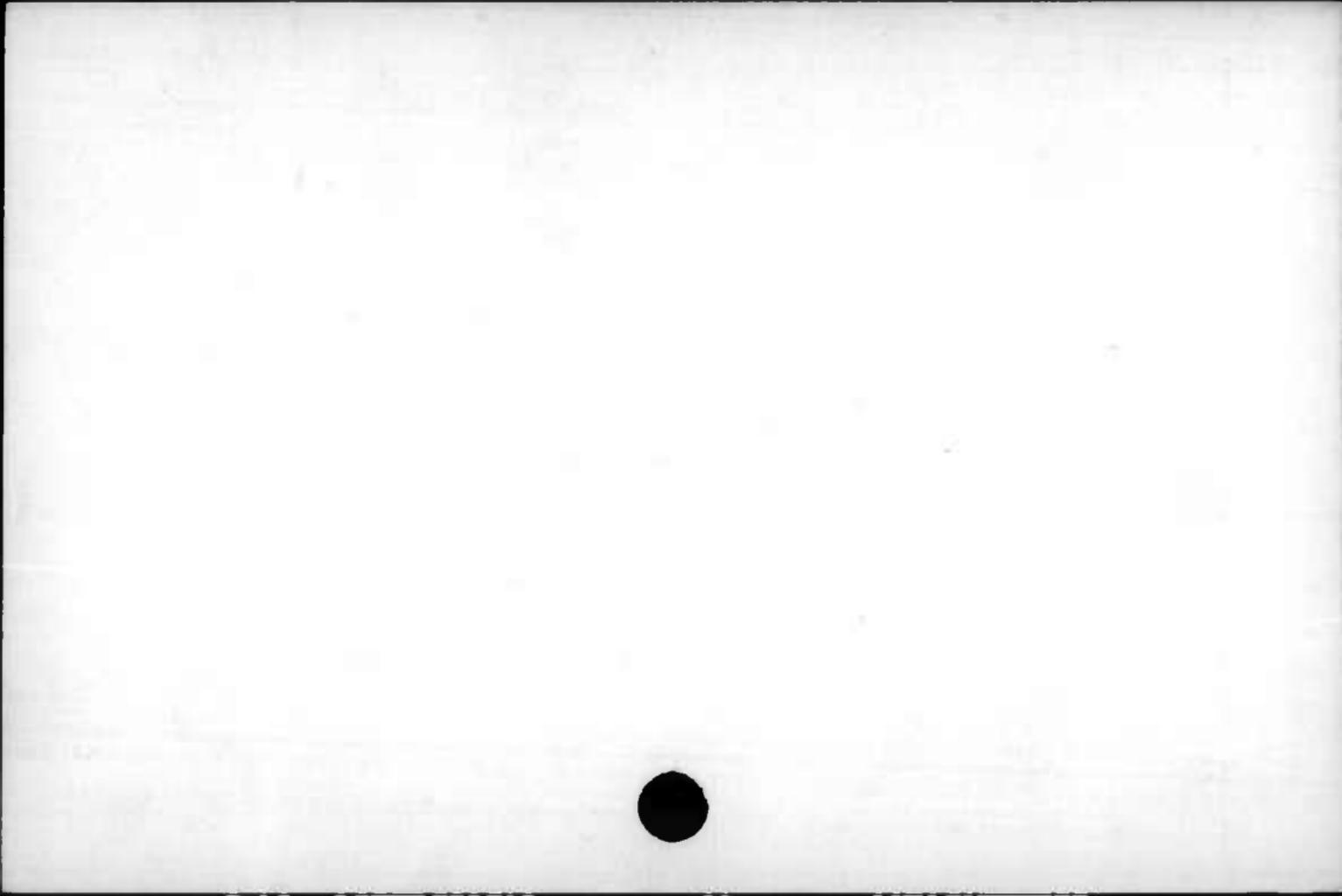
Address

J. A. Stevens  
Easton

Md.

Accident or Suicide?

No



Name  
in  
Full

Annie E Carroll

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Baltimore	Talbot				
Date of death	Month	Day	Years	Months	Days
1907	7	24	19	—	—
Sex	Female	Color or Race	Negro	Birth-place	Somerset
Occupation	Domestic				
Married, Single or Widowed	Single.	Where Residing if not at place of death			
Father's Name	John Carroll				
Mother's Maiden Name	Sebra Sterling				
Name of person giving Information	Sebra Carroll				

Father's Birthplace      Barnes Am.  
Mother's Birthplace      Somerset Co.  
How related to deceased      Mother

CAUSES OF DEATH

Primary	Bright's disease	120	How long	2 year
Immediate	Asthma		How long	immediate

PHYSICIAN  
OR CORONER

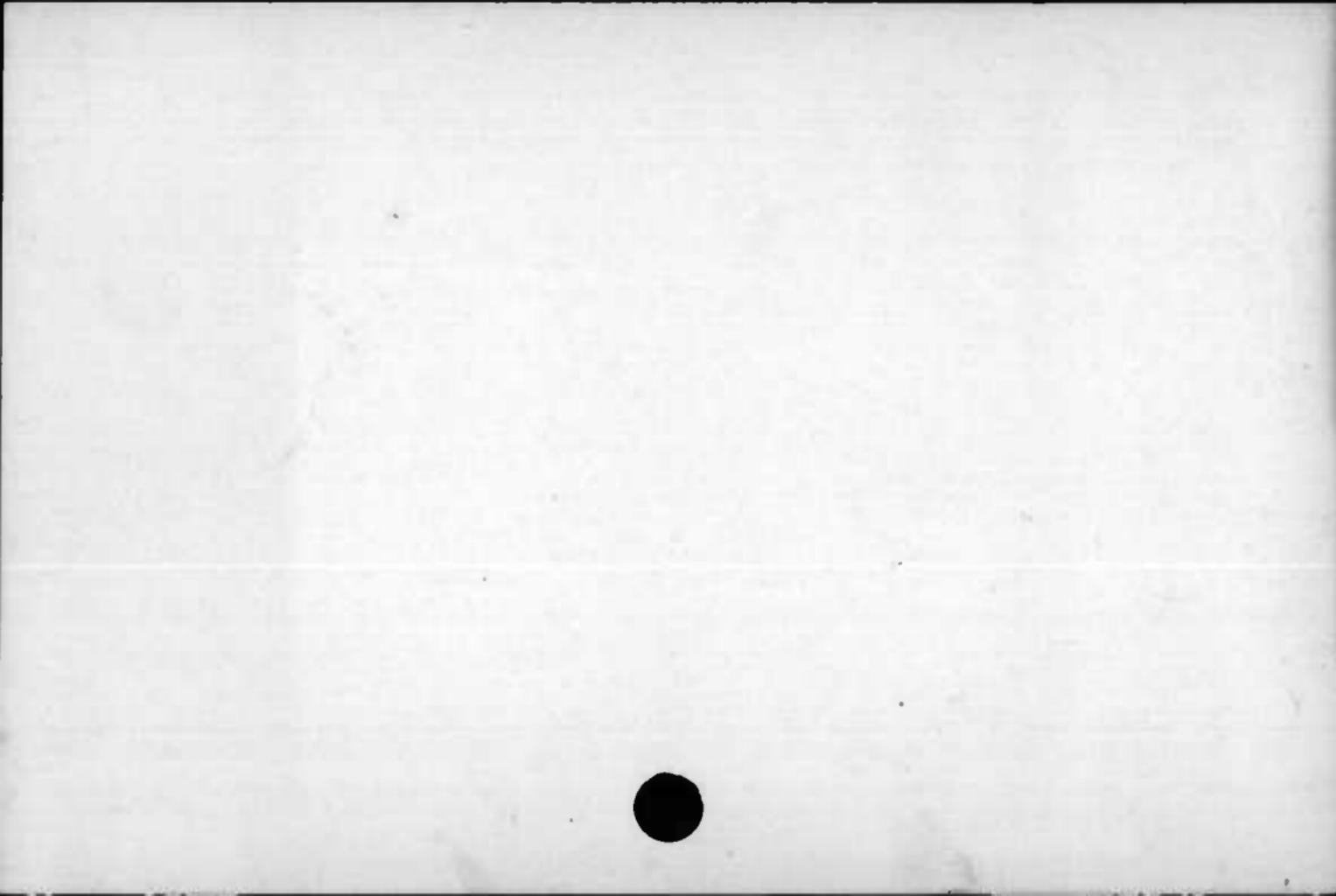
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Sam L. Tipper  
Royal Oak Ma

Accident or Suicide?



Name  
in  
Full

Alfred Crockett

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1907	Month July	Day 17th	Age 21	Years
Sex Male	Color or Race White	Birth-place Tangier Is., Va.	Months 9	Days 15
Occupation Oysterman	Where Residing if not at place of death			
Married, Single or Widowed Single	Name of Wife or Husband	Father's Birthplace Tangier Is., Va.	Mother's Birthplace Tangier Is., Va.	
Father's Name Lewis H. Crockett				
Mother's Maiden Name Rachel Crockett				
Name of person giving information Lewis H. Crockett		How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

172

How long

Immediate

Drowning

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

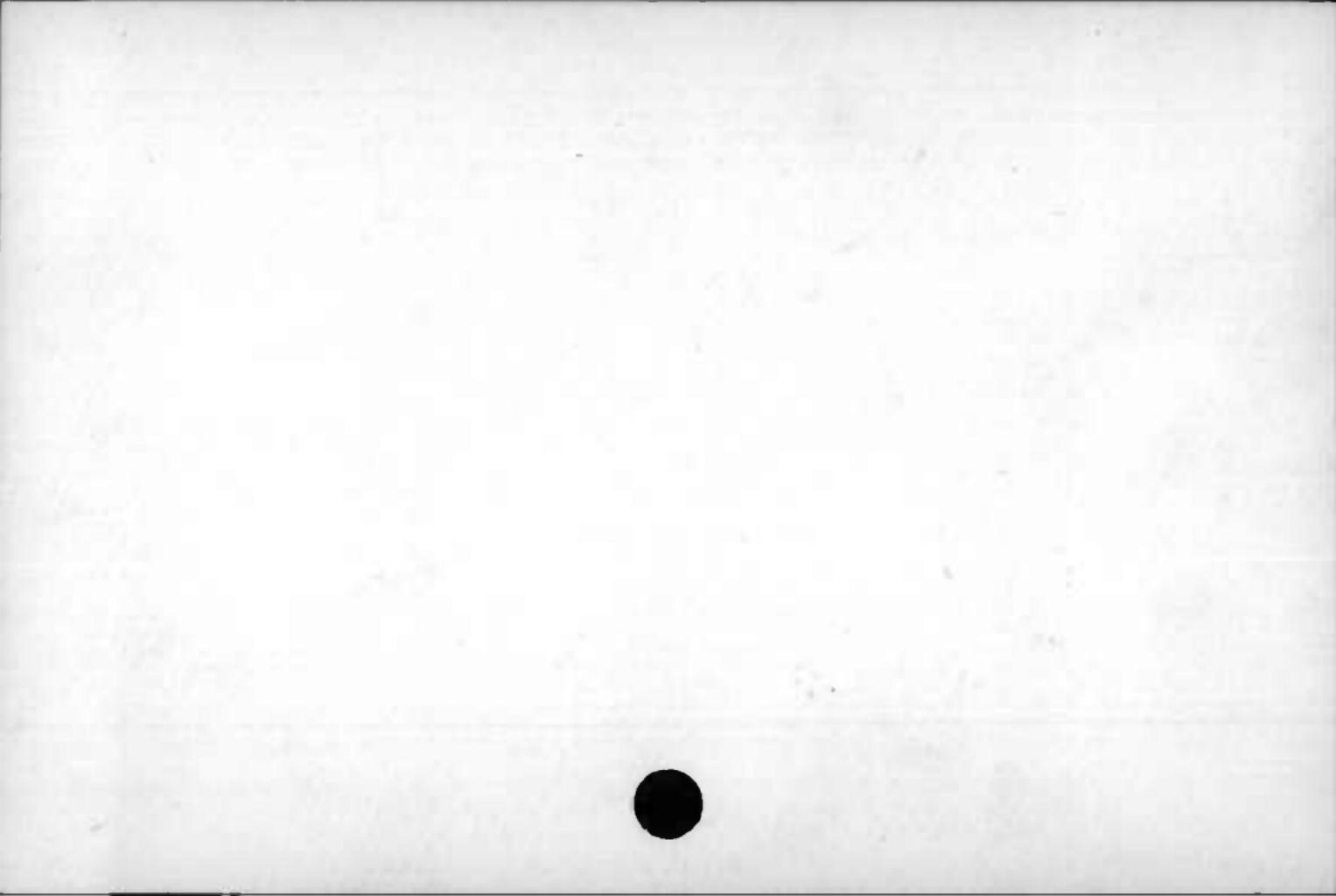
William F. Day, M.D.  
Tilghman

Accident or Suicide?

Accident

Talbot Co.

Med.



Name  
in  
Full

Lawrence Allan Crockett

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Tillyman</u> Town		<u>Salisbury</u> County		MARYLAND		
Date of death <u>1907</u>	Month <u>July</u>	Day <u>15-</u>	Years <u>—</u>	Months <u>4</u>	Days <u>26</u>	
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Tillyman</u>	<u>"</u>	
Occupation <u>—</u>	Where Residing if not at place of death					<u>"</u>
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>David Brindell Crockett</u>			Father's Birthplace <u>Yes</u>			
Mother's Maiden Name <u>Sidonia Honey Cummings</u>			Mother's Birthplace <u>Tillyman</u>			
Name of person giving information <u>"</u>			How related to deceased <u>Mother</u>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

105

How long

Immediate

Gastro-Enteric Colitis

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

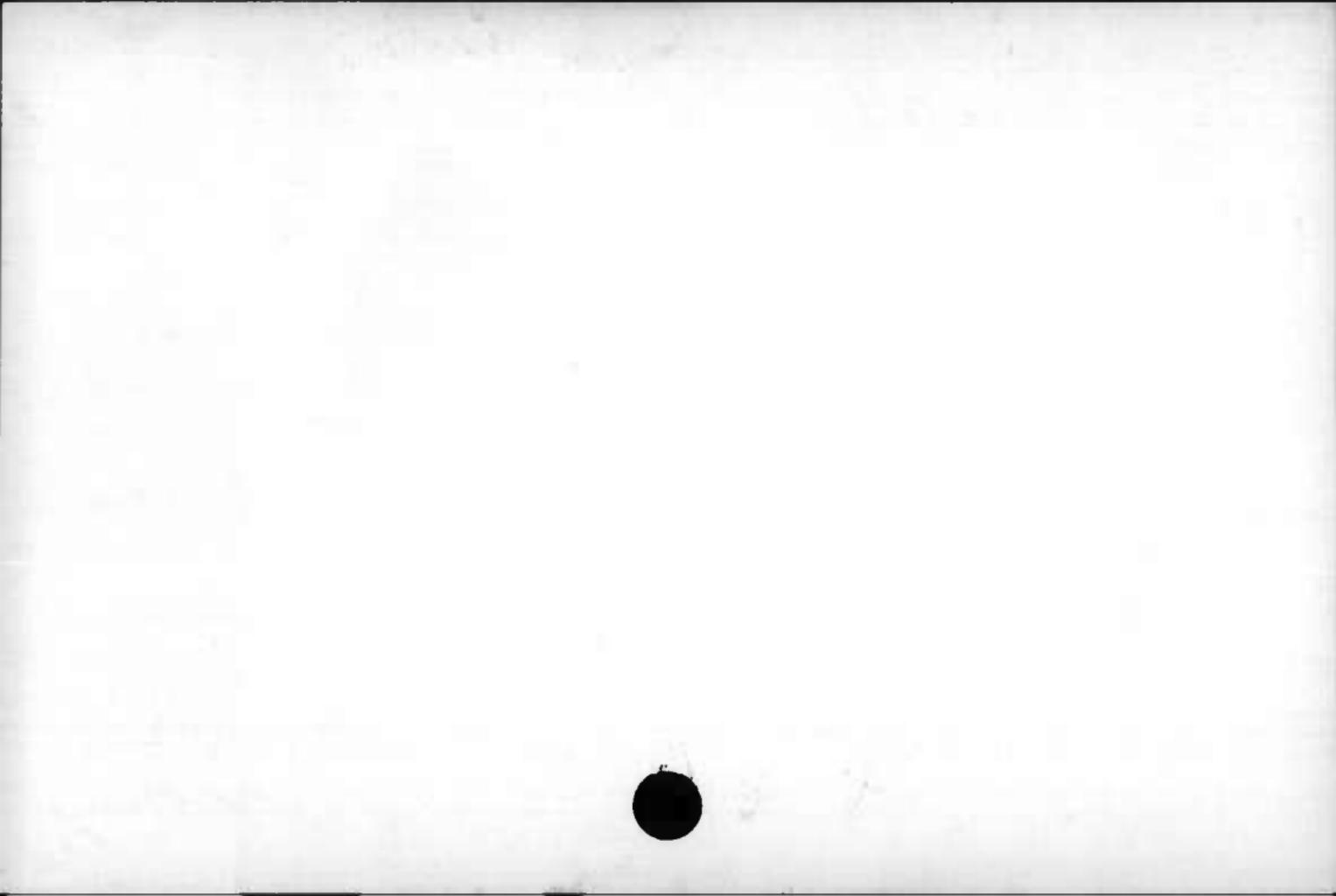
Address

S. K. Wilson

Tillyman

3rd

Accident or Suicide?



Name  
in  
Full

Julia Dobson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Easton	Talbot				
Date of death	Month	Day	Years	Months	Days
1907	7	31	42	4	5
Sex	Female	Color or Race	Black	Birth-place	
Occupation	Housewife	Where Residing if not at place of death	Near Easton		
Married, Single or Widowed	Married	Name of Wife or Husband	Cleas Dobson		
Father's Name	Hro Miller	Father's Birthplace	Talbot Co		
Mother's Maiden Name	Anna Honey	Mother's Birthplace	" "		
Name of person giving Information	Cleas Dobson	How related to deceased	Husband		

CAUSES OF DEATH

104

Primary	Acute indigestion		How long	6 hours
Immediate	Heart failure		How long	1 hour
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Sherry Wellcome	
		Address	Easton Md	
PHYSICIAN OR CORONER				
Accident or Suicide?				

Universelle

Name  
in  
Full

Oscar St. Darrow

CERTIFICATE OF DEATH

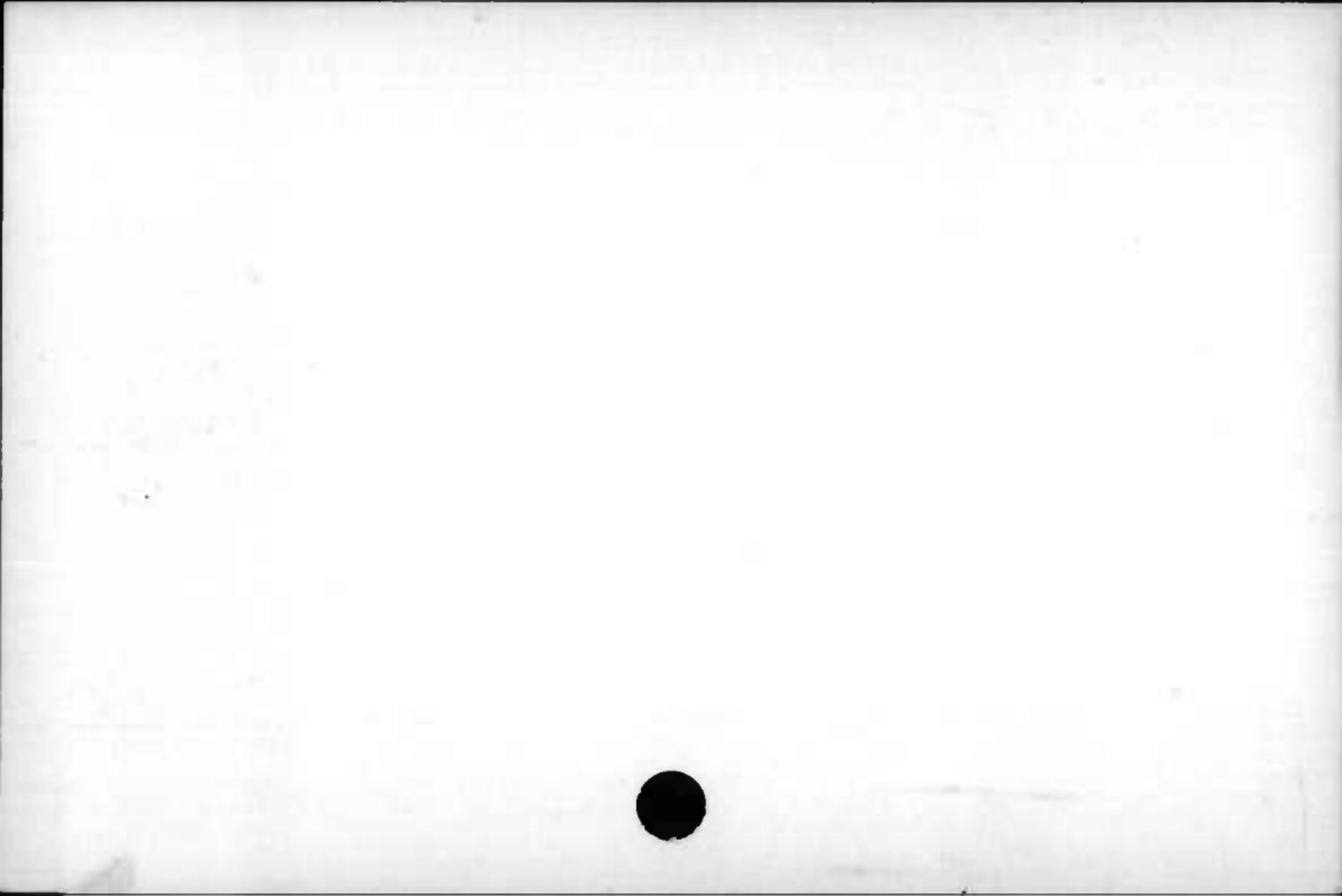
To BE ANSWERED BY  
NEAREST FRIEND

Town	County			
Died at <u>offices</u>	<u>Salisbury</u>			
Date of death <u>1907</u>	Month <u>July</u>	Day <u>25</u>	Years <u>71.</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>State Michigan</u>	Month <u>0</u>	Days <u>0</u>
Occupation <u>Employee of Railroad</u>	Where Residing if not at place of death <u>offices</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Sarah C. Darrow</u>	Father's Name <u>Robert L. Darrow</u>	Father's Birthplace <u>New York City</u>	
Mother's Maiden Name <u>Don't Know</u>	Mother's Birthplace <u>Don't Know</u>	Name of person giving Information <u>Charles Darrow</u>	How related to deceased <u>Son</u>	

CAUSES OF DEATH

120

Primary	<u>Bright's Disease</u>		How long <u>3 years.</u>
Immediate	<u>Physical exhaustion</u>		How long <u>6 mos.</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>J. M. Easterbrook</u>	Address <u>offices</u>
Accident or Suicide?	<u>None</u>		



Name  
in  
Full

Emery Fields

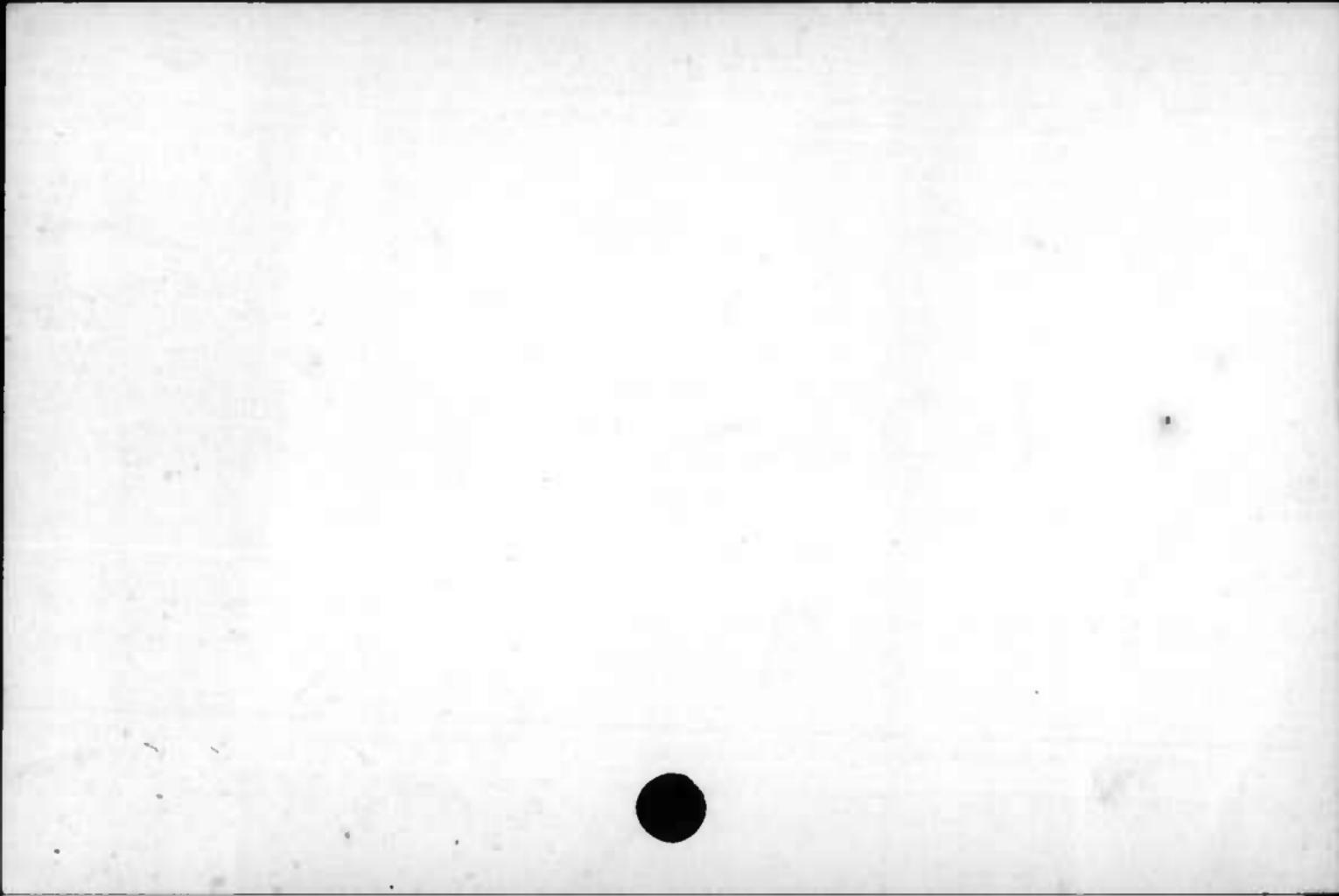
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Colored	Birth-place	Talbot Co.	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband	Rosa Fields	Father's Birthplace	Royal Oak	
Father's Name	Harrison Fields					
Mother's Maiden Name	Annie Brownell					
Name of person giving Information	Rosa Fields					
	Father's Birthplace	Mother's Birthplace	How related to deceased			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Acute Nephritis	
	Immediate	Cardiac Failure	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address
		J. Slope July 1911 St. Michaels Md.	
Accident or Suicide?		No	



Name  
in  
Full

Dorthea V. Frankton

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Easton</u> Town		<u>Talbot</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>July</u>	Day <u>14</u>	Years <u>1</u>	Months	Days <u>5</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birthplace <u>Huntingdon</u>			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Hillard L. Frankton</u>	Father's Name <u>Hillard L. Frankton</u>	Father's Birthplace <u>Easton Md</u>		
Mother's Maiden Name <u>Alverta Davis</u>	Mother's Birthplace <u>Girdletree Md</u>	Name of person giving information			
			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cholera Infantum

(105)

How long

9 days -

Immediate

Exhaustion

How long

few hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

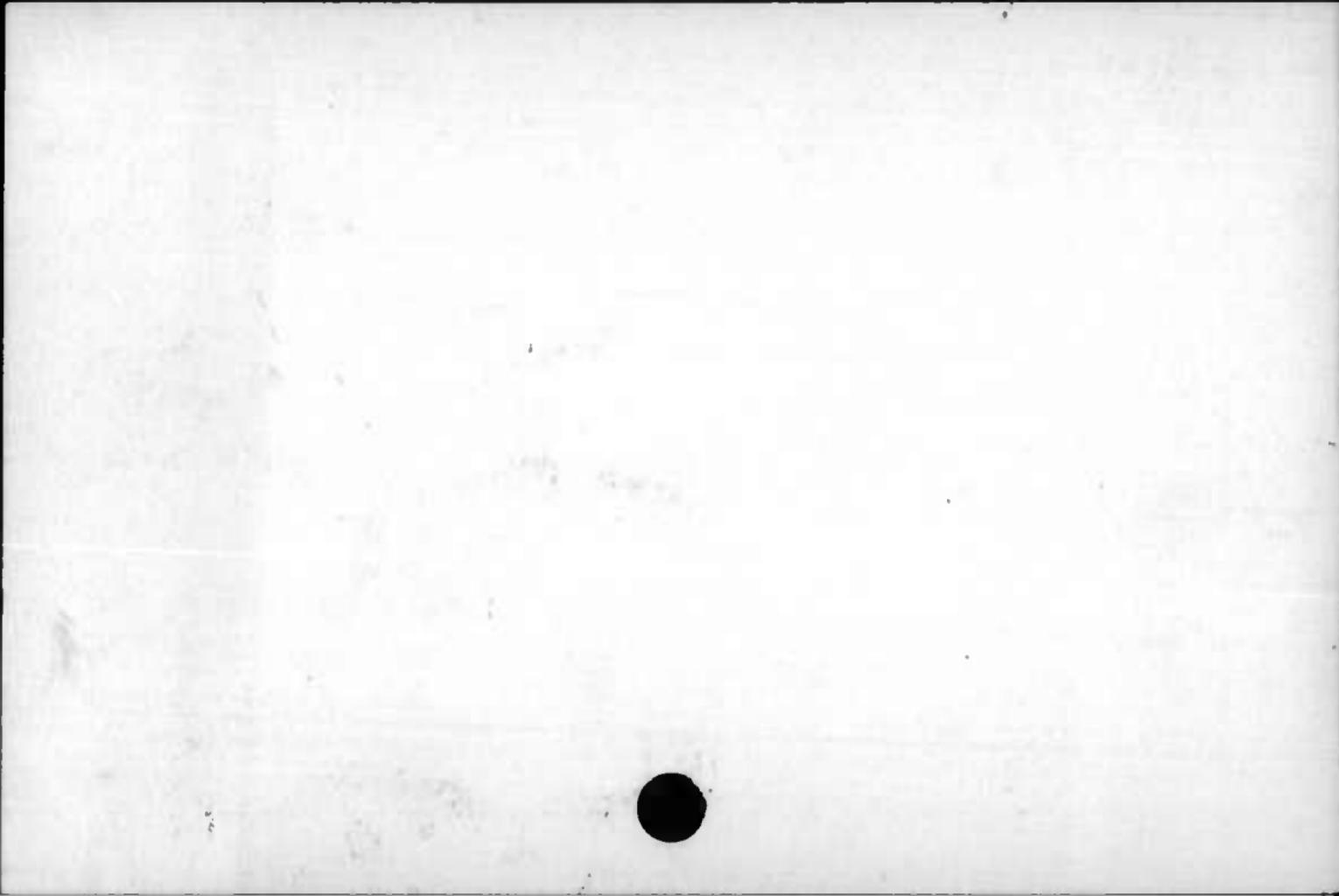
Address

Chas F. Davison

Easton

Md

Accident or Suicide?



Name  
in  
Full

Russell Edward Gardner.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	County		
Died at Easton	Talbot.		
Date of death 1907	Month July	Day 7	Years —
Sex Boy	Color or Race Male	Age white	Months five
Occupation	Days eight. Birth-place Easton.		
Married, Single or Widowed	Where Residing if not at place of death		
Father's Name J. Edward Gardner	Father's Birthplace Queenstown		
Mother's Maiden Name Bessie M. Ferguson	Mother's Birthplace Easton.		
Name of person giving information Bessie M. Ferguson	How related to deceased Parents.		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Les Colitis	(105)	How long 3 weeks
	Immediate	General Aesthesia		How long 3 days.
Are the name, age, sex, color, date and place correctly given above?		yes.	Signature of Physician P. L. Gravom.	Address Easton Md.
Accident or Suicide?				



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Alice Mary Gibbons

CERTIFICATE OF DEATH

Died at <u>near Easton</u>		Town	County <u>Salisbury</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>7/24/07</u>	Day <u>23</u>	Age <u>—</u>	Years	Months <u>6</u>	Days <u>13</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Occupation		Birth-place <u>Bethel, Penn</u>		
Where Residing if not at place of death <u>near Easton Ind.</u>						
Married, Single or Widowed	Name of Wife or Husband			Father's Birthplace <u>Phila. Penn</u>		
Father's Name <u>Mrs. Alice Gibbons</u>			Mother's Birthplace <u>Columbus Ohio</u>			
Mother's Maiden Name <u>Silvia Schott</u>			How related to deceased <u>Sister</u>			
Name of person giving information <u>Michael Gibbons</u>			How long <u>105'</u>			

CAUSES OF DEATH

Primary Cholera Infantum How long not known

Immediate Exhaustion How long 2 days

Are the name, age, sex, color, date and place correctly given above?

Yes

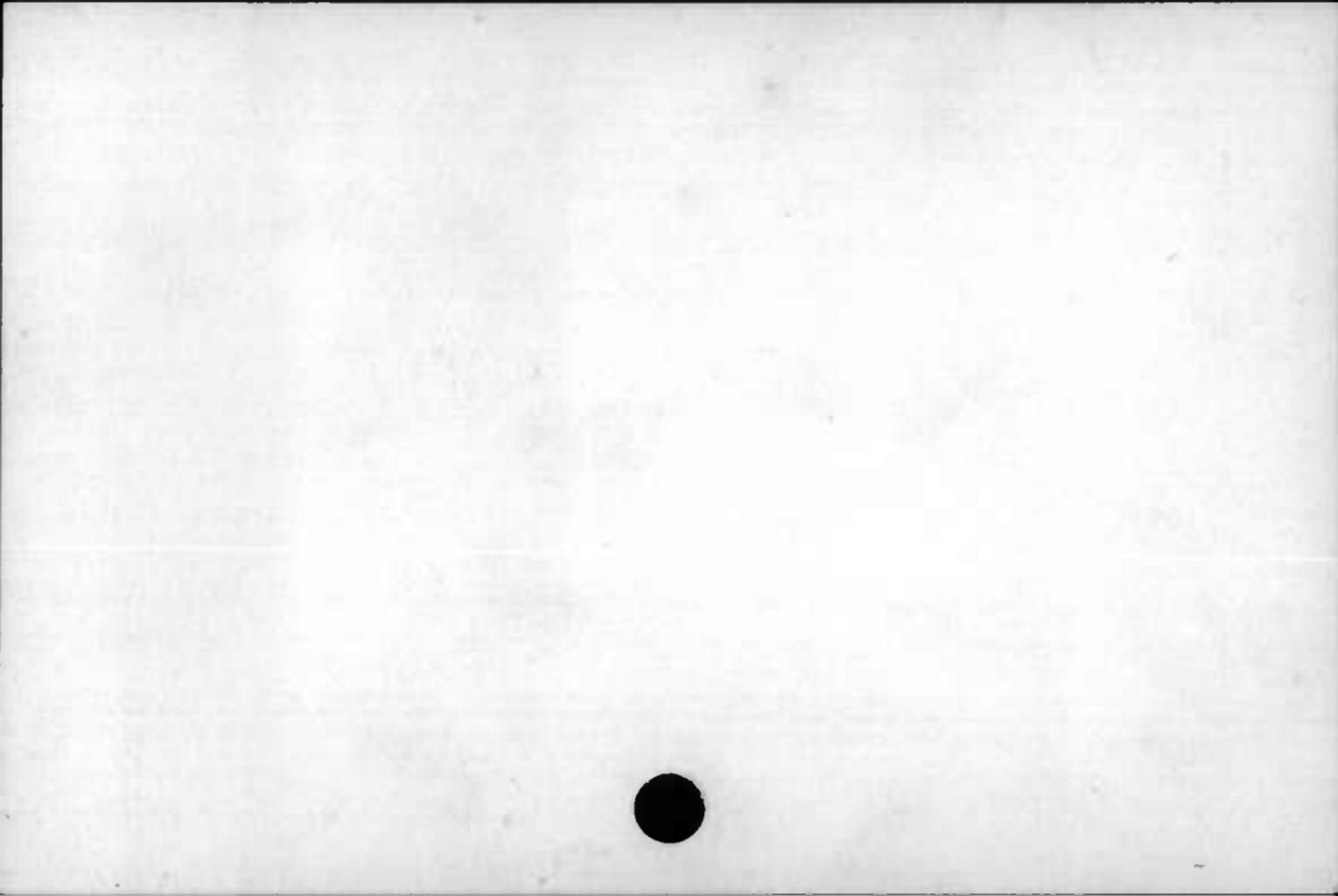
Signature of Physician

Address

Chas. F. Davidson  
Easton

MS

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

W. H. Gibson

CERTIFICATE OF DEATH

MARYLAND

Died at Royal Oak		Town	County Talbot Co.			
Date of death 1907	Month July	Day 20	Years 70	Age	Months	Days
Sex male	Color or Race negro	Birthplace Talbot Co.				
Occupation Laborer	Where Residing if not at place of death - Royal Oak, Md.					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name Wm. H. Gibson	Father's Birthplace Talbot Co.					
Mother's Maiden Name Mary Knob	Mother's Birthplace " "					
Name of person giving Information Miss Carrie Wallace	How related to deceased Granddaughter					

CAUSES OF DEATH

79

How long

10 months

How long

-

Primary

Valvular heart trouble

Immediate

Heart trouble

Are the name, age, sex, color, date and place correctly given above?

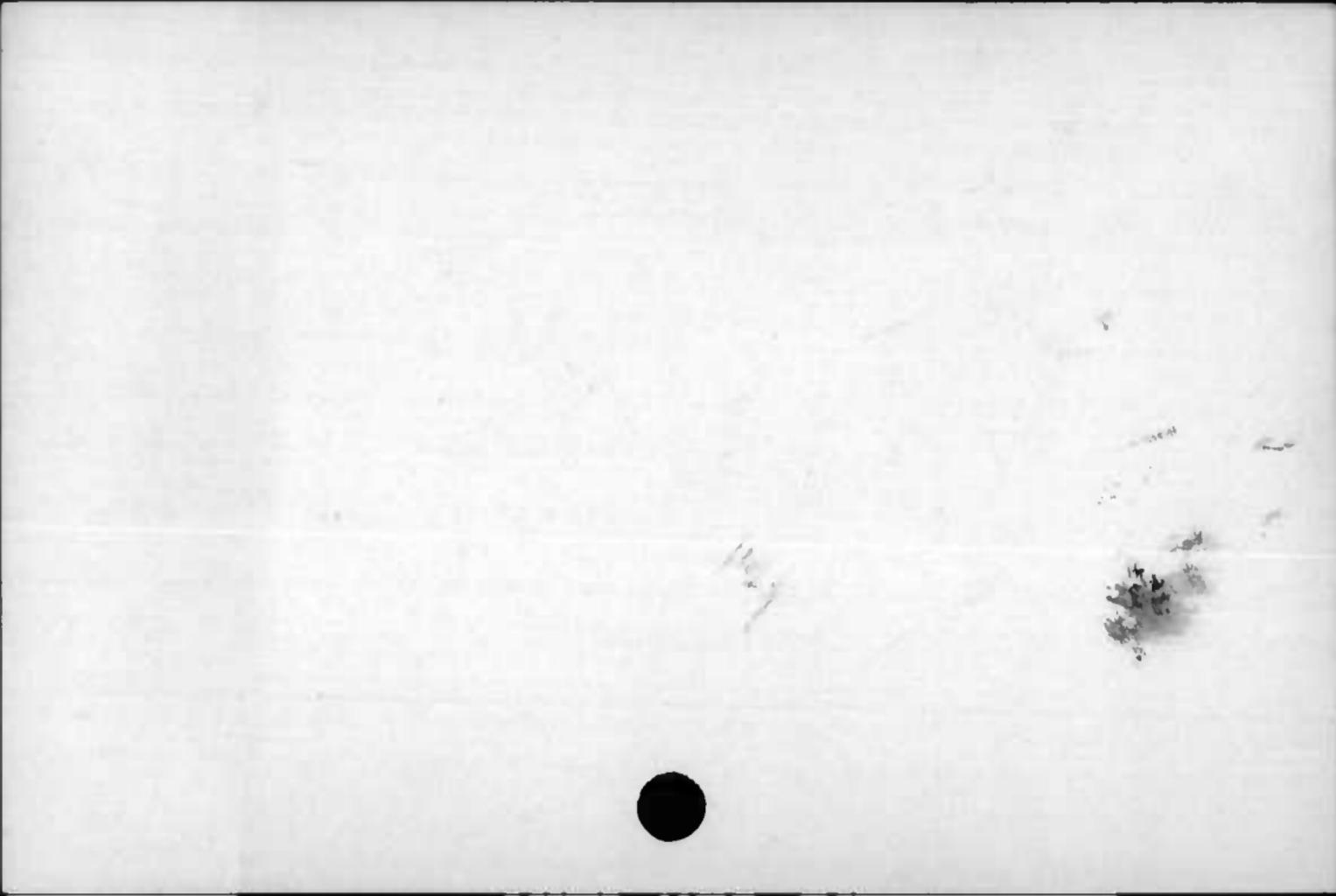
Yes

Signature of Physician

Address

Frank C. Trippen  
Royal Oak, Md.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Annetta Louise Gossage

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Edith Lillian			Father's Birthplace	
Father's Name	Wife Gossage				Mother's Birthplace	
Mother's Maiden Name	Lottie Johnson Bulmer				How related to deceased	
Name of person giving information	Edith L. Gossage				mother	
CAUSES OF DEATH						
Primary	Cerebro-Spinal Meningitis			61	How long	
Immediate	Convulsions			4 days		
Are the name, age, sex, color, date and place correctly given above?			How long			
Yes			few hrs			
Signature of Physician			Chas. F. Warden			
Address			Easton Md.			

Accident or Suicide?



Name  
In  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Ioland D Hall

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
1907	May	25	59			x
Sex	Female		Color or Race	white	Birth-place	Easton
Occupation	Laundress		Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	Donald Hall		Father's Birthplace			
Mother's Maiden Name	Mary Alfred		Mother's Birthplace			
Name of person giving Information	John H. Baker		How related to deceased			

CAUSES OF DEATH

Primary

Endocarditis

(79)

How long

7 yrs.

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

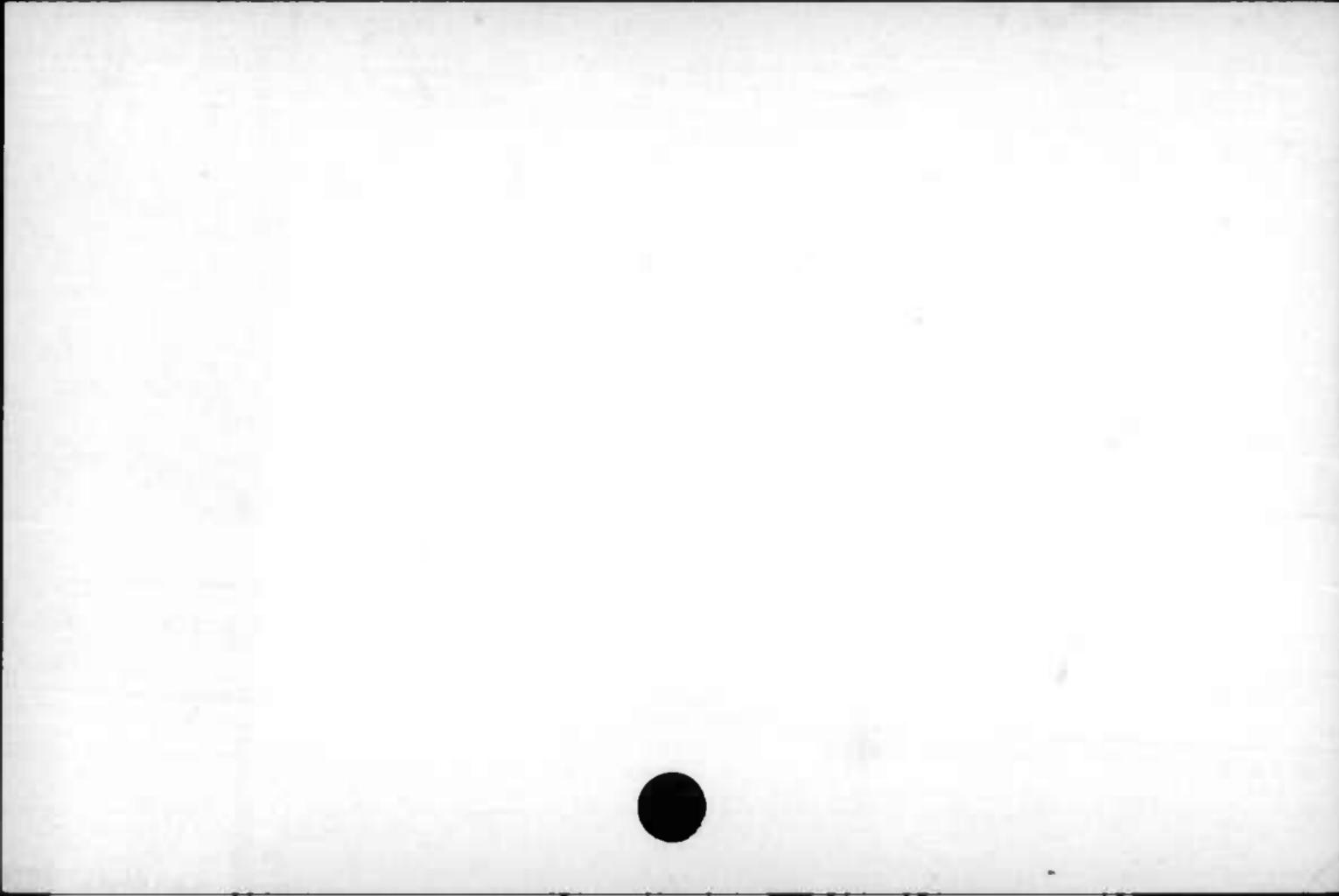
Address

yes

A. J. Maynard  
Easton

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

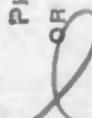
William A. Harris -

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	William Harris	Father's Birthplace	Jalbot Co
Mother's Maiden Name	Irene Rich	Mother's Birthplace	" "
Name of person giving information	Father	How related to deceased	-

PHYSICIAN  
OR CORONER



Primary

Cholera Infantum

(105)

How long

3wks

Immediate

St Rausins

How long

few days

Are the name, age, sex, color, date and place correctly given above?

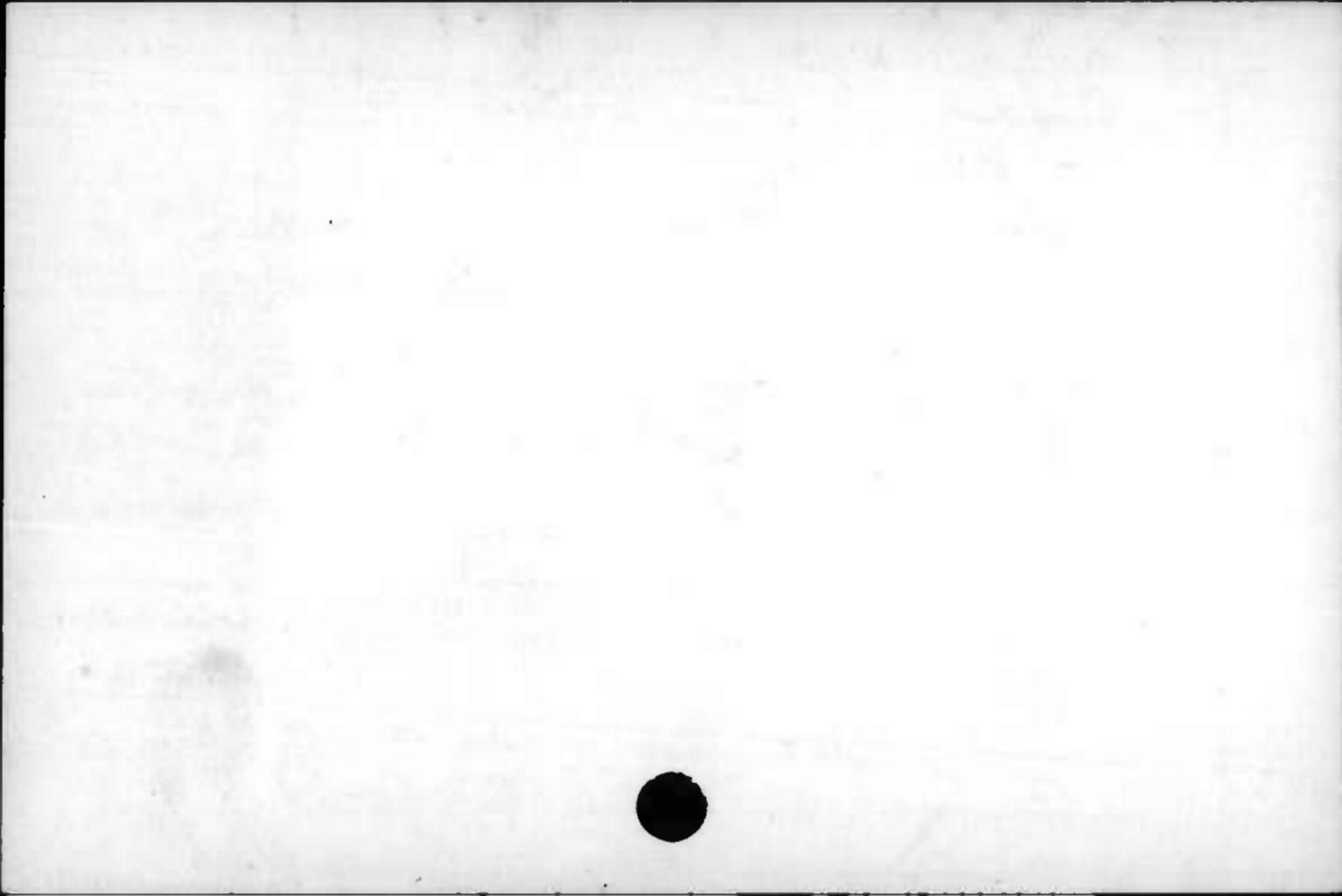
Yes

Signature of Physician

Address

Chas. J. Dauder  
Easton Md

Accident or Suicide?



Name  
In  
Full

To BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

MARYLAND

Died at	Town		Catherine Johnson Talbot			
Date of death	Month	Day	Years	Age	Months	Days
1907	July	23	53	53	-	-
Sex	Color or Race		mulatto		Birth-place	Talbot Co.
Female						
Occupation			Where Residing if not at place of death		Oxford	
Laundress						
Married, Single or Widowed	Name of Wife or Husband		Catherine Johnson		Father's Birthplace	Talbot Co.
Married					Mother's Birthplace	Talbot Co.
Father's Name	Perry Sherwood				How related to deceased	Husband.
Mother's Maiden Name	Elizabeth Sherwood					
Name of person giving Information	Chas Johnson					

## CAUSES OF DEATH

120

How long

8 weeks

How long

7 days

PHYSICIAN  
OR CORONER

Primary

Nephritis Parenchymatous

Immediate

Asthma

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

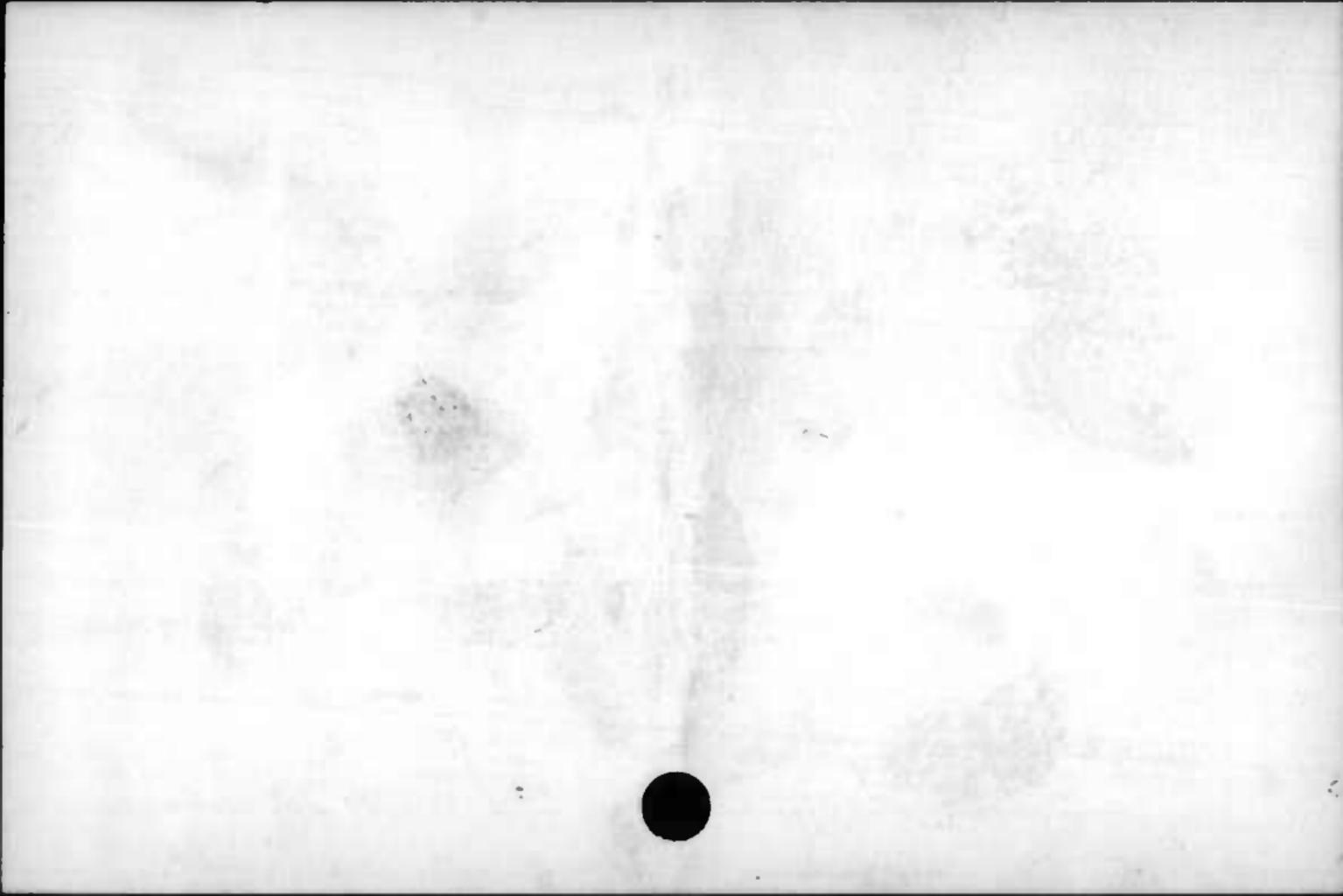
William A Davis M.D.

Address

Oxford

Md.

Accident or Suicide? X



Name  
in  
Full

Lillian E. Kirby

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Where Residing if not at place of death	Birthplace	.. ..	
Occupation						
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Samuel J. Kirby					Father's Birthplace
Mother's Maiden Name	Harriet Berry					Mother's Birthplace
Name of person giving Information	Samuel J. Kirby					How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Dropsy

(177)

How long

7 or 8 weeks

Immediate

Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

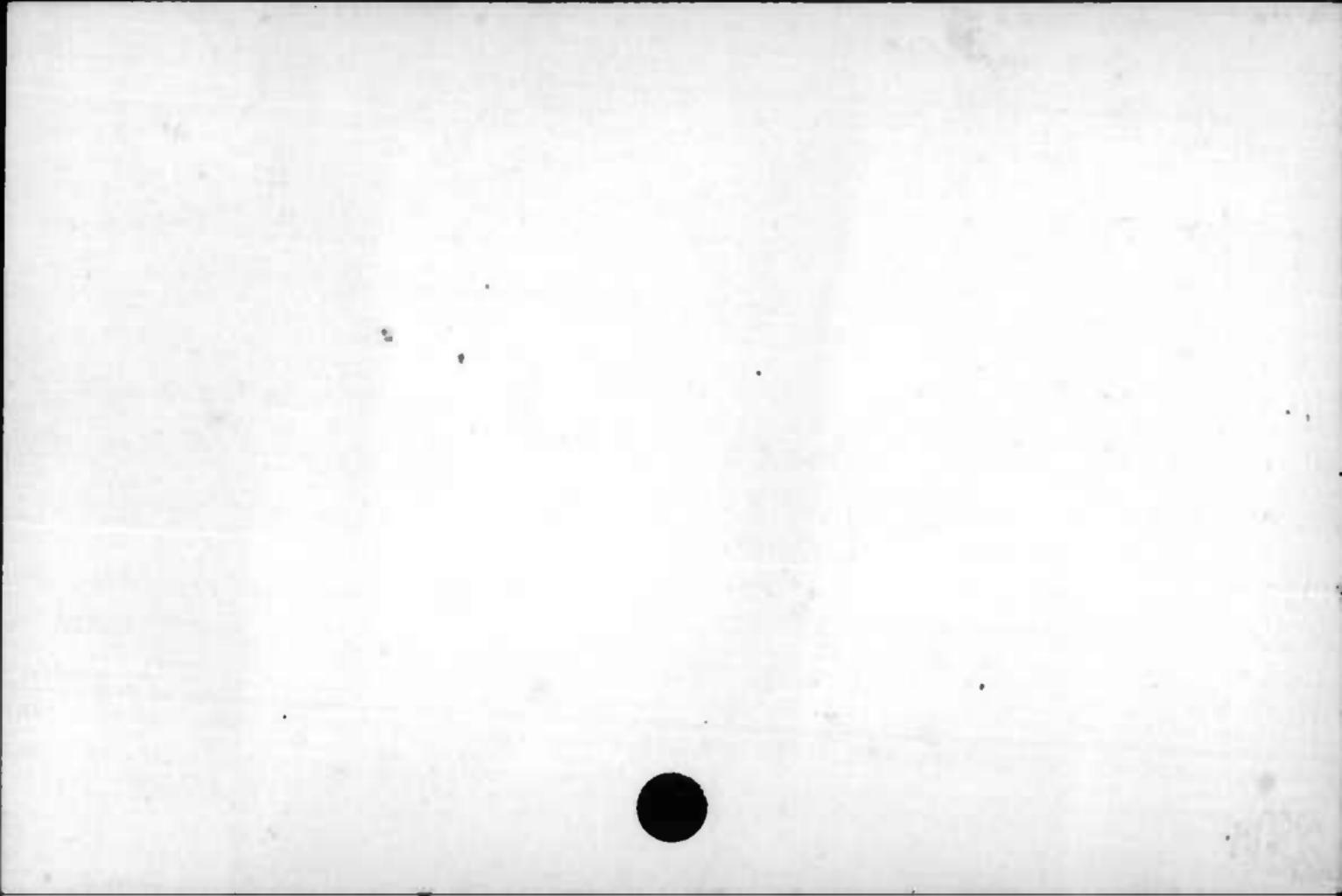
Address

yes

J. C. Johnson

St. Michaels  
Md

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John Lambert-Rimmer Ledamum

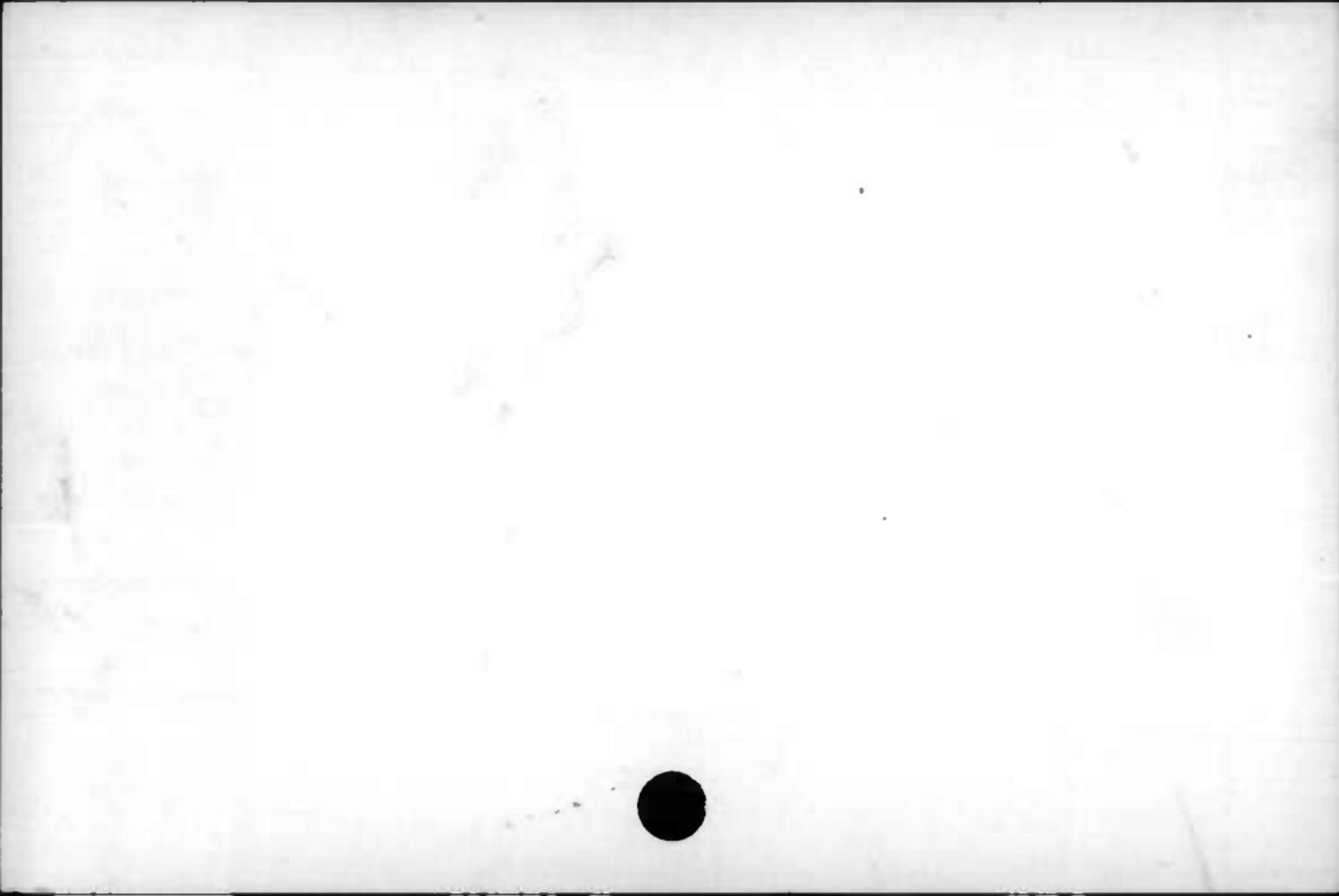
CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND
Date of death	Month	Years	Days
1907	July	16	—
Sex	Color or Race	Age	Birth-place
Male	White	—	Tilghman
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Daniel Ledamum	Father's Birthplace	Tilghman
Mother's Maiden Name	Ruth Rosorna Rimmer	Mother's Birthplace	Queen Anne Co.
Name of person giving information	"	How related	Mother

CAUSES OF DEATH

150

Primary	Spiric Bifurda	How long	27 days
Immediate	Convulsions -	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. K. Wilson
		Address	Tilghman Mid
Accident or Suicide?	no		



Name  
in  
Full

Vincent Lemmons

CERTIFICATE OF DEATH

MARYLAND

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	
Date of death 190	Month	Year	Months Days
Sex	Day	Age	
Occupation	Color or Race	Where Residing if not at place of death	
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Robert Henry Lemmons	Father's Birthplace	D.C.
Mother's Maiden Name	Hannah Gibson	Mother's Birthplace	DC
Name of person giving information	J. Gibson	How related to deceased	J. Martin

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Cause - Entertainer

105-

How long

1 week

How long

Immediate

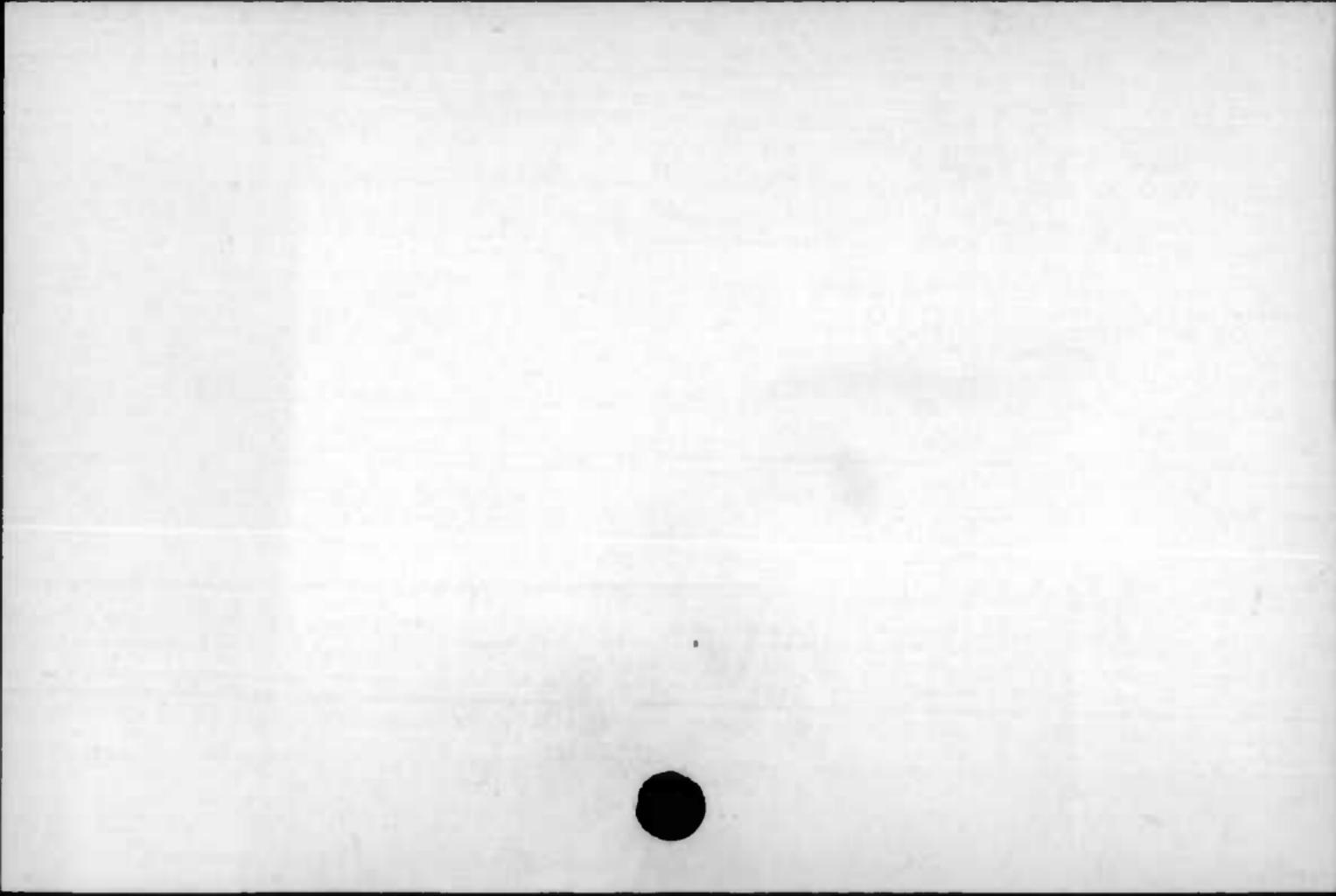
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. B. Martin  
Euston, Md.

Accident or Suicide?



Name  
in  
Full

Sodie Christine Butters McDouay.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Skipton	Town	County	MARYLAND		
Date of death	1907	Month July	Day 16	Years 24	Months 2	Days 16
Sex	Female	Color or Race	Black	Birth-place	Md.	
Occupation	Housewife			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Fred. McDouay			<del>Fred. McDouay</del>
Father's Name	John V. Butters			Father's Birthplace	Md.	
Mother's Maiden Name	Doris Russ			Mother's Birthplace		
Name of person giving information	Fred. McDouay			How related to deceased	husband	

CAUSES OF DEATH

Primary

Anasarca

(79)

How long

2 years

Immediate

Disease of the Head

How long

1 "

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

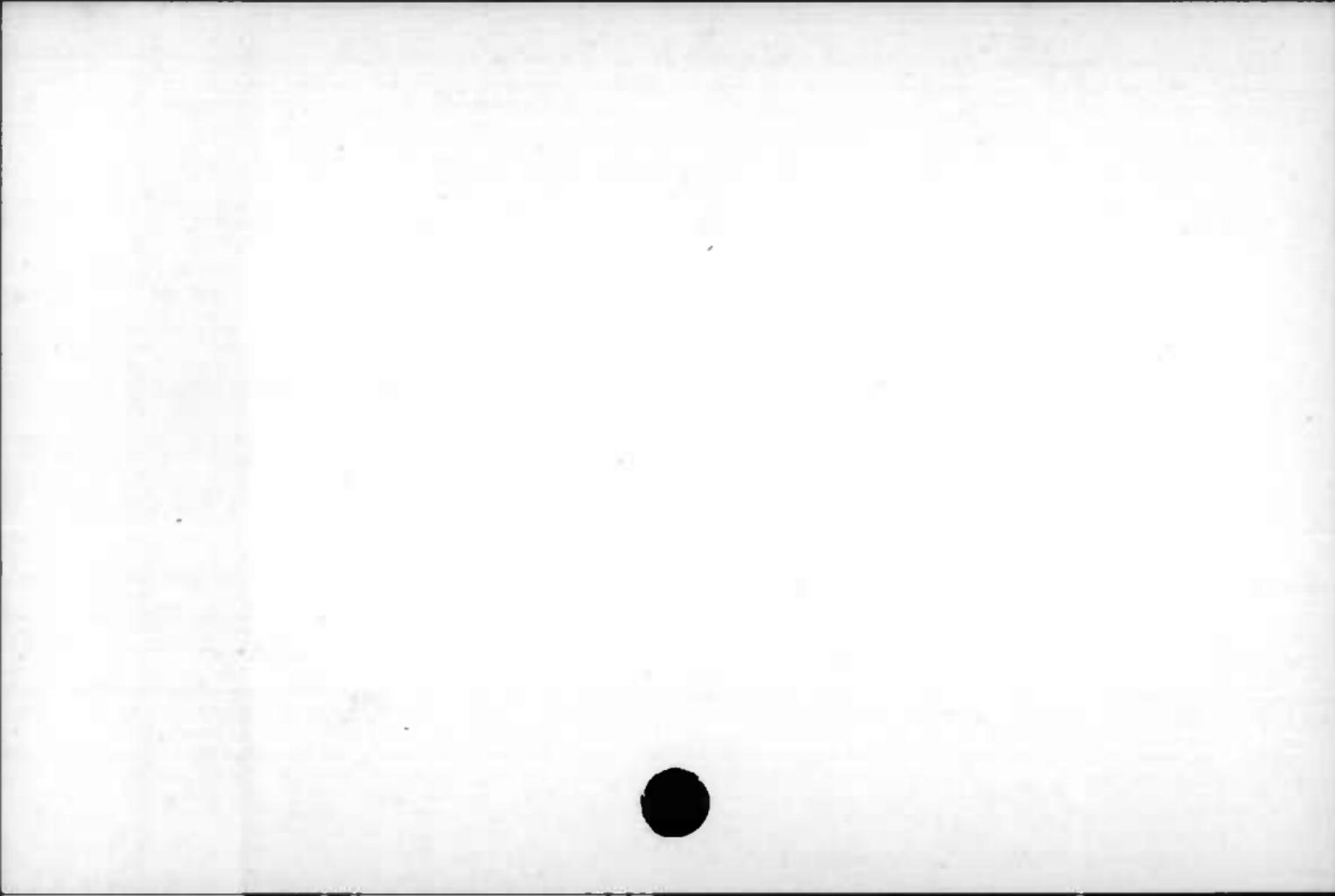
They are

Signature of  
Physician

Address

Chas. H. Rose  
Cordova, Md.

Accident or Suicide?



Name  
In  
Full

Edward Marion Maddox

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Belvue	Salvoe			
Date of death	Month	Day	Years	Months	Days
1907	July	21	1	10	14
Sex	Male	Color or Race	Negro	Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Jos. E. Maddox	Father's Birthplace	Somerset Co		
Mother's Maiden Name	Mary Thomas	Mother's Birthplace	Belvue		
Name of person giving information	Jos. E. Maddox	How related to deceased	Father.		

CAUSES OF DEATH

105

Primary

Inflammation of bowels

How long

3 months

Immediate

Asthma

How long

—

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

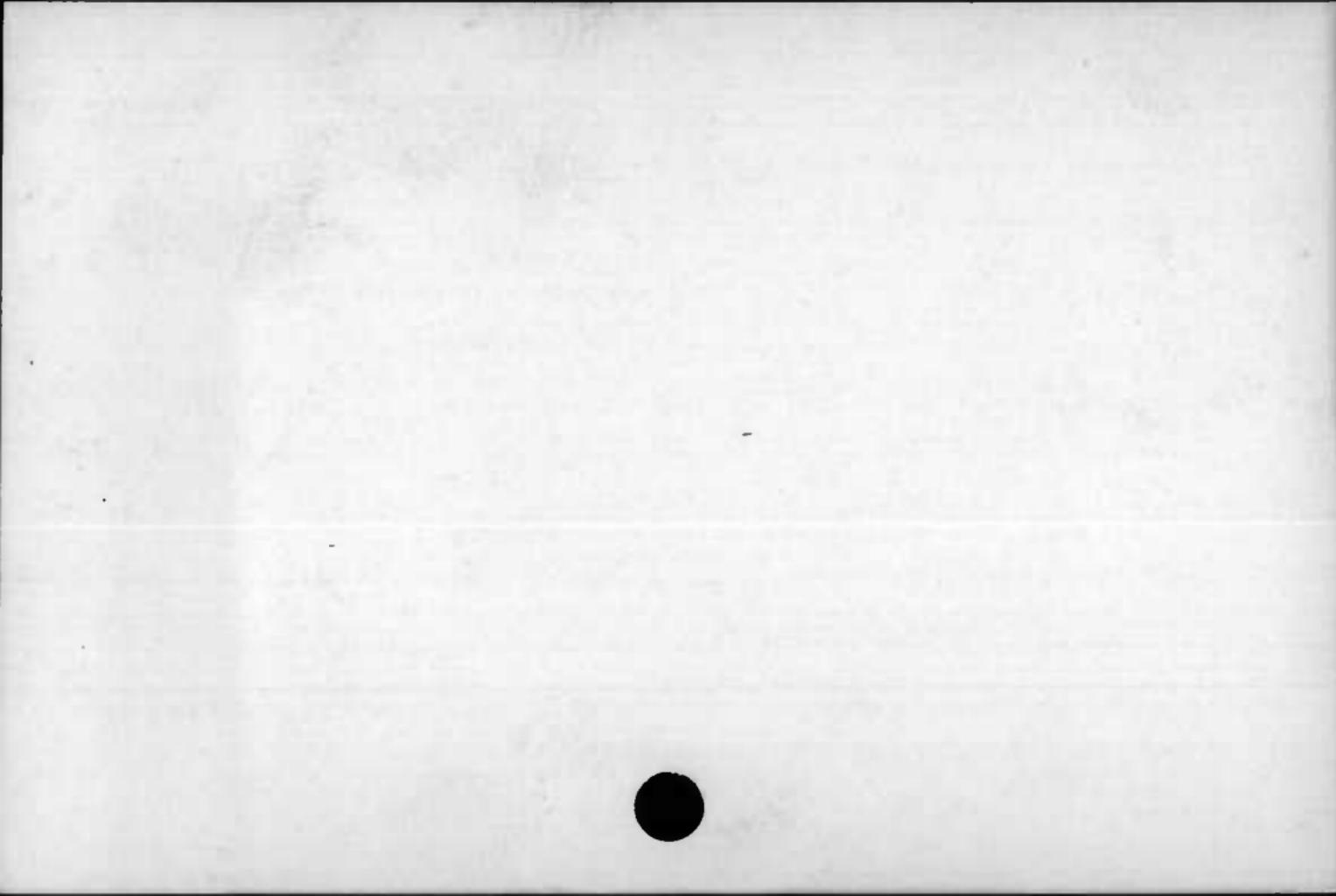
yes.

Address

Sam'l L. Tripp  
Royal Oak  
Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

James Masuel

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months
1907	July	1	1
Age	60	Days	✓
Sex	male	Color or Race	colored
Occupation	none	Where Residing if not at place of death	
Married, Single or Widowed	Single	Name of Wife or Husband	✓
Father's Name	unknown	Father's Birthplace	unknown
Mother's Maiden Name	unknown	Mother's Birthplace	unknown
Name of person giving information	John DeGuselby, Sept 8, 1907	How related to deceased	son

CAUSES OF DEATH

(79)

PHYSICIAN  
OR CORONER

Primary

Organic heart disease & hemiplegia

Immediate

Acute dilation

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

W. S. Seymour

Address

Trapper Rd

Accident or Suicide?

No



Name  
in  
Full

William Merrick

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town  
Cecilie

County  
Salisbury

MARYLAND

Date  
of death

1907

Month  
July

Day  
4

Years  
42

Months  
—

Days  
~~2~~

Sex  
Male

Color or  
Race

white

Birth-  
place

Md

Occupation

Traveling Salesman

Where Residing if not  
at place of death

X

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Susie & Merrick

Father's  
Name

Jos. R. Merrick

Father's  
Birthplace

don't know

Mother's  
Maiden Name

Sarah J. Burridge

Mother's  
Birthplace

Md

Name of person giving  
Information

Susie & Merrick

How related  
to deceased

wife

CAUSES OF DEATH

93

How long

Primary Acute congestion of kidneys one month

How long

Immediate Tubercle Pneumonia & Emphysema after days

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

YEs

Signature of  
Physician

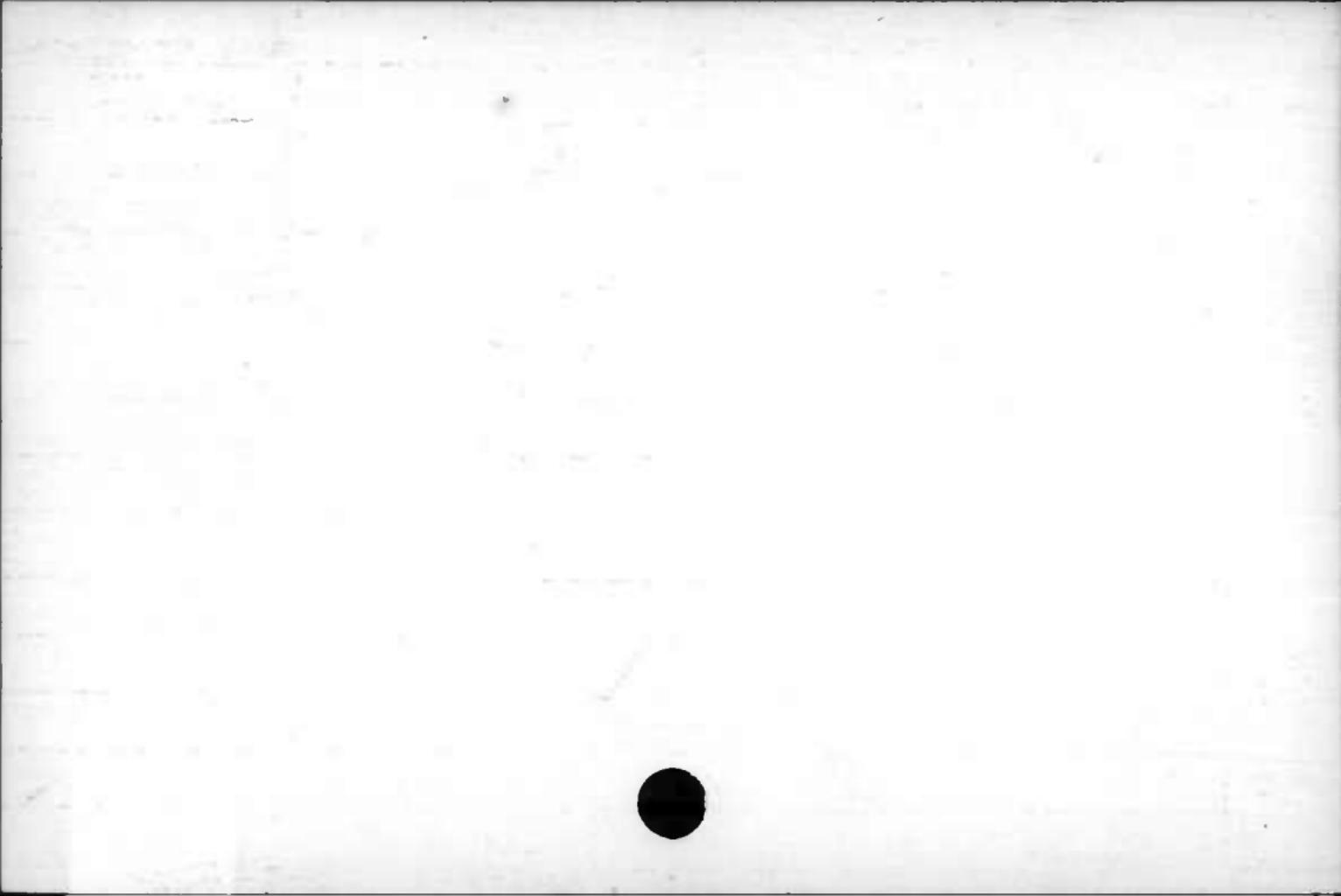
Address

E. R. Dipple

Easton

Md

\*Accident or Suicide?



Name  
in  
Full

Odell H. Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving Information	How related to deceased					

1907 7 11 4 2 3

male Colored St. Michaels

infant .....

James Moore St. Michaels

Mary Davis St. Michaels

James Brown Father

CAUSES OF DEATH 4

PHYSICIAN  
OR CORONER

Primary Malaria fever How long 2 weeks

Immediate Heart failure How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

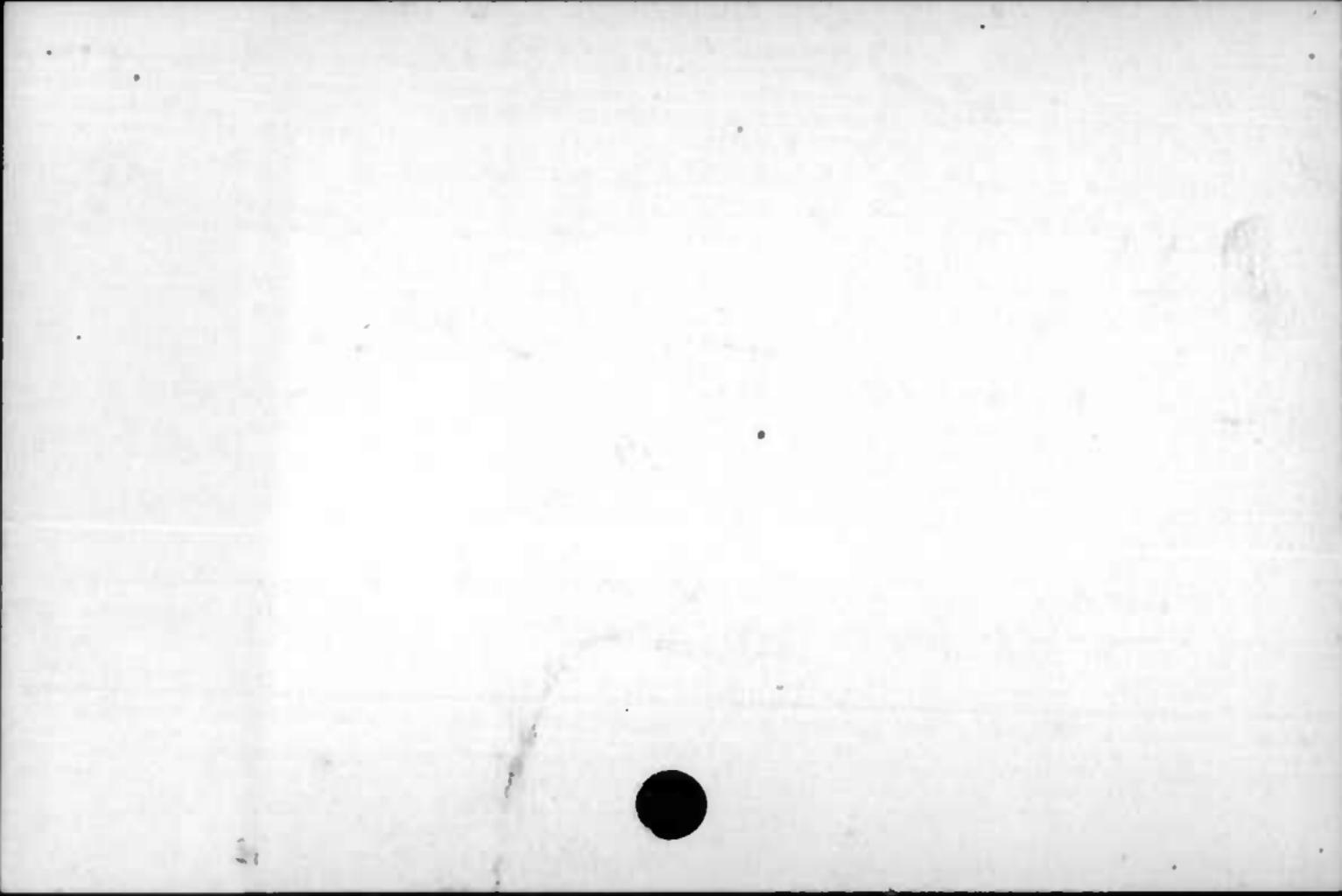
Address

J. C. Davis

St. Michaels

MD

Accident or Suicide?



Name  
in  
Full

James Chambers Morris

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town Easton	County Talbot	MARYLAND
Date of death 1907	Month July	Day 5	Years Age 71
Sex Male	Color or Race white	Birth- place Talbot Co. Md.	Months 8
Occupation Hotel Proprietor	Where Residing if not at place of death		
Married, Single or Widowed Married	Name of Wife or Helen Morris		
Father's Name Thomas Morris	Father's Birthplace Md.		
Mother's Maiden Name Mary Chambers	Mother's Birthplace Md		
Name of person giving Information Mrs. Kirby Morris	How related to deceased son		

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary

Chronic Bright's Disease

How long

16 mos

Immediate

Exhaustion

How long

few wks

Are the name, age, sex, color, date  
and place correctly given above?

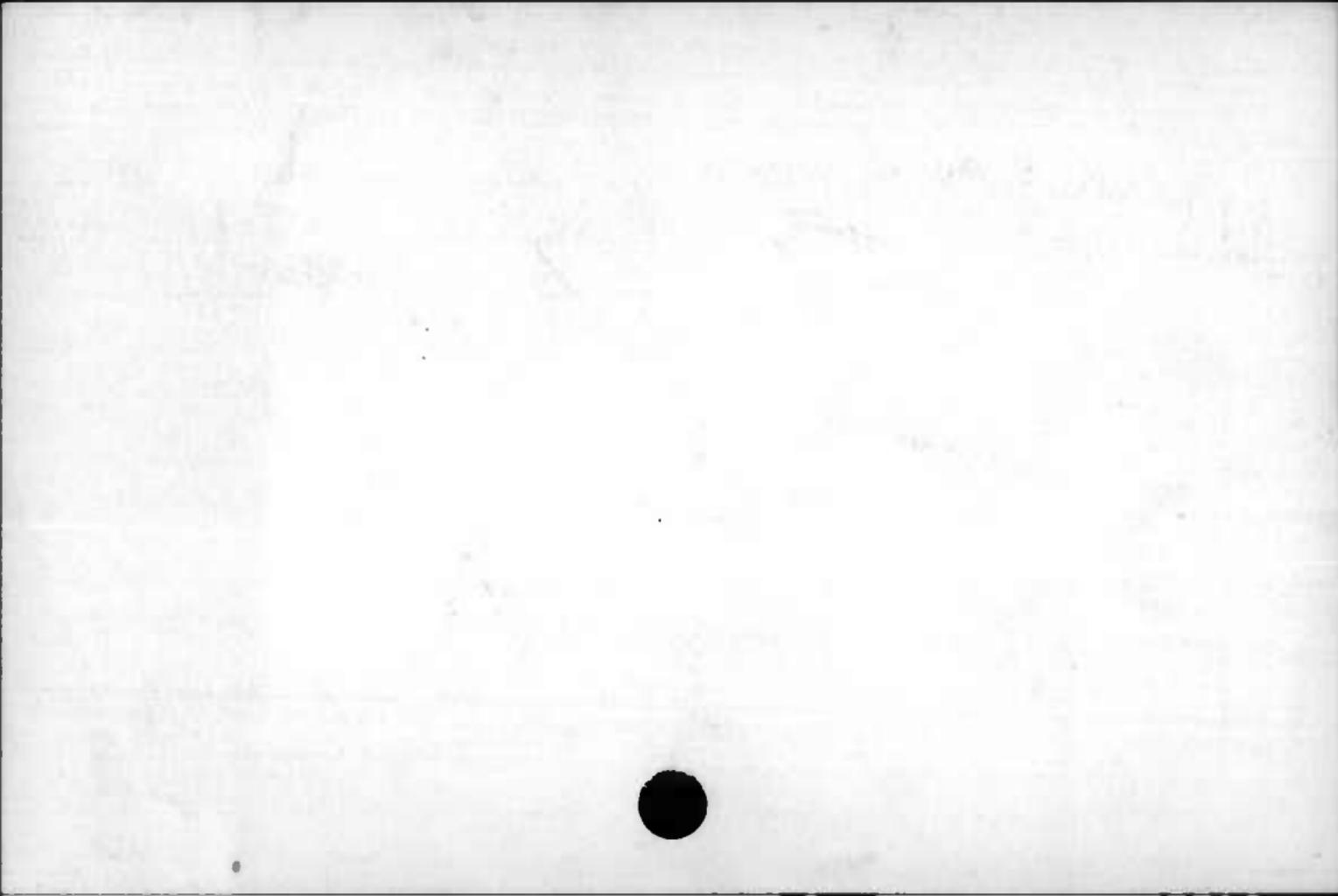
Yes

Signature of  
Physician

Address

Chas. F. Daudem  
Easton, Md.

Accident or Suicide?



Name  
in  
Full

Mrs. Susana Sears

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	69	3	23
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Husband	Sherwood - Md			
Father's Name	Gilbert Murdock Sears				
Mother's Maiden Name	Unknown				
Name of person giving information	Sister				

~~Mrs. N. L. Bowndry~~

~~Grover and Brodelle Smith~~

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Influenza

(27)

How long

Immediate

Pneumonia Pulmonalis

How long

Are the name, age, sex, color, date and place correctly given above?

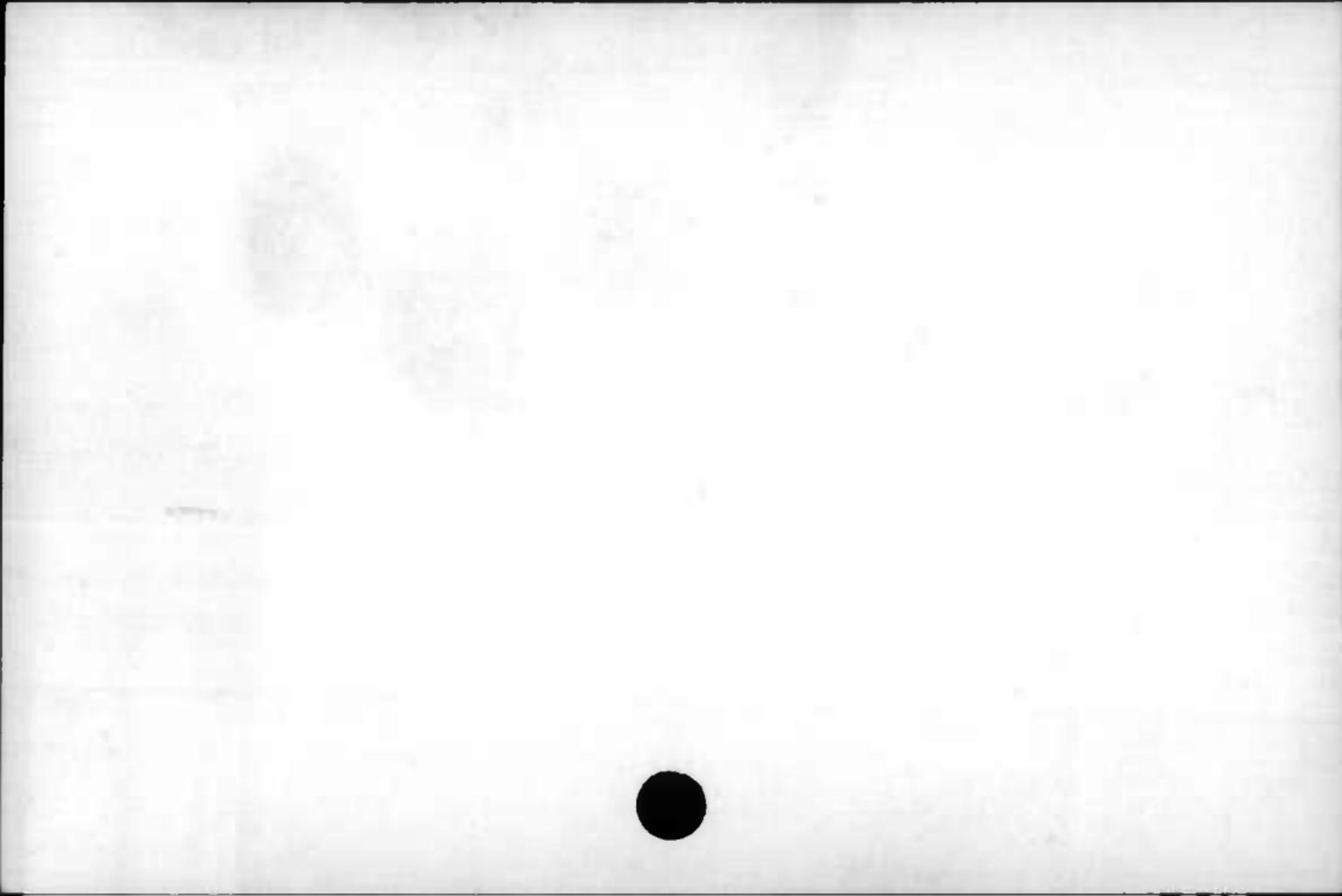
yes

Signature of Physician

Address

S. Kennedy Nelson  
Delgmeron  
Md

Accident or Suicide?



Name  
in  
Full

Joseph Lee Shane

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Easton		Town	County Talbot		MARYLAND	
Date of death 1907	Month July	Day 2	Age —	Years —	Months 6	Days 28
Sex Male	Color or Race White	Where Residing if not at place of death Easton		Birth- place Easton	Easton	
Occupation —						
Married, Single or Widowed —	Name of Wife or Husband ✓			Father's Name Jos F Shane	Father's Birthplace Baltimore Md.	
Mother's Maiden Name Josephine Lewis					Mother's Birthplace Talbot Co Md	
Name of person giving Information Jos F Shane					How related to deceased Father	

CAUSES OF DEATH

(105)

PHYSICIAN  
OR CORONER

Primary

Cholera Infantum

How long

19 days

Immediate

Collapse from Heart Failure

How long

30 minutes

Are the name, age, sex, color, date  
and place correctly given above?

Yes

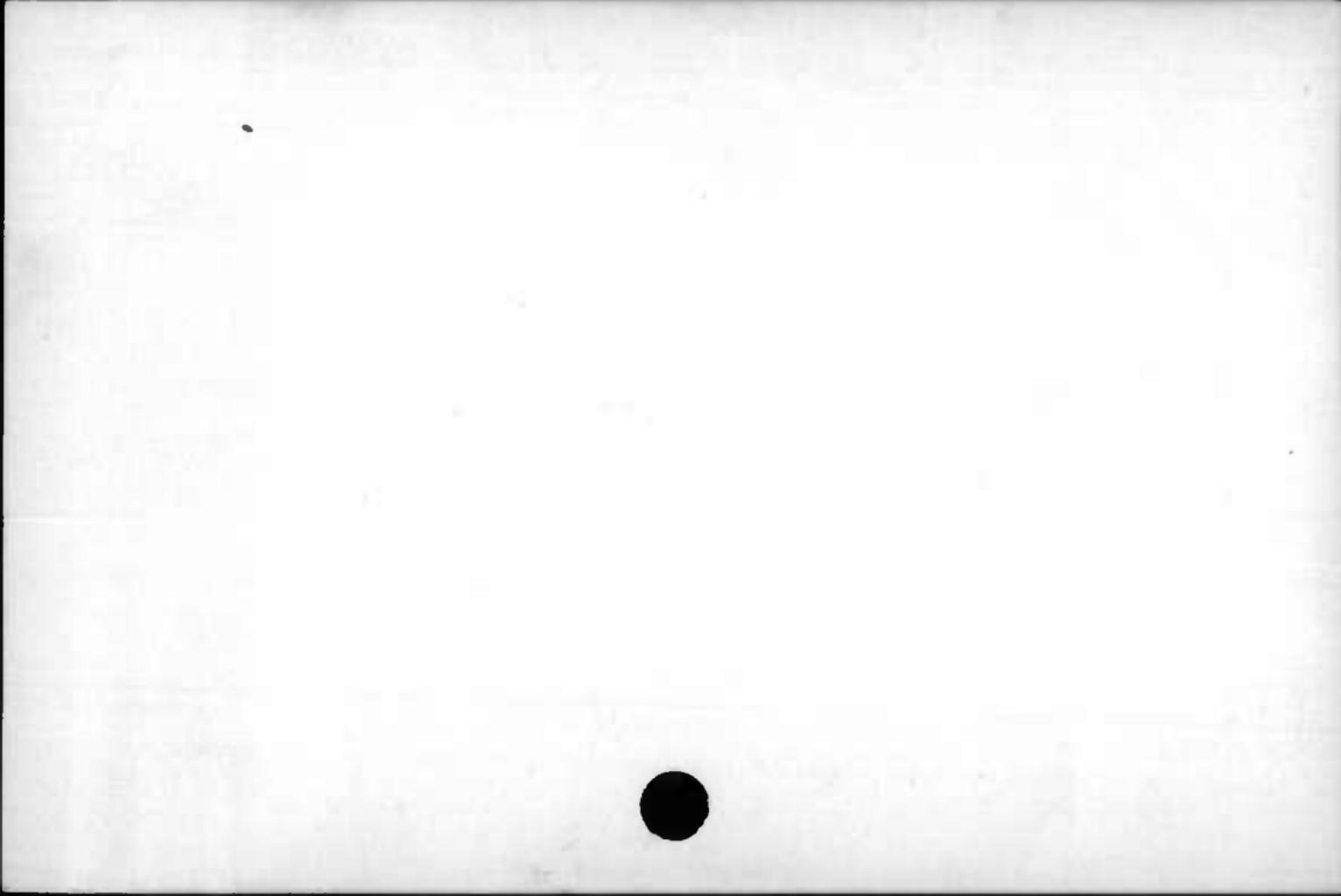
Signature of  
Physician

Address

Robt. Gray Roth M.D.  
Easton, Md.

Accident or Suicide?

No



Name  
in  
Full

Charles R. Sheridan

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died <del>near</del>	Town <del>Grappler</del>	County <del>Baltimore</del>	MARYLAND		
Date of death 1907	Month 7	Day 27	Years 77-	Months 6	Days 11
Sex Male	Color or Race White	Birth-place Ireland			
Occupation Farmer	Where Residing if not at place of death Magisterial District Co. End				
Married, Single or Widowed Spouse	Name of Wife or Husband Hannah Ann Streets				
Father's Name James Sheridan	County of Donegal Ireland				
Mother's Maiden Name Mary	Mother's Birthplace " "				
Name of person giving information P. Lafayette Sheridan	How related to deceased Son				

CAUSES OF DEATH

Primary Malaria & dysentery.	14	How long 2 weeks
Immediate Exhaustion		How long _____

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

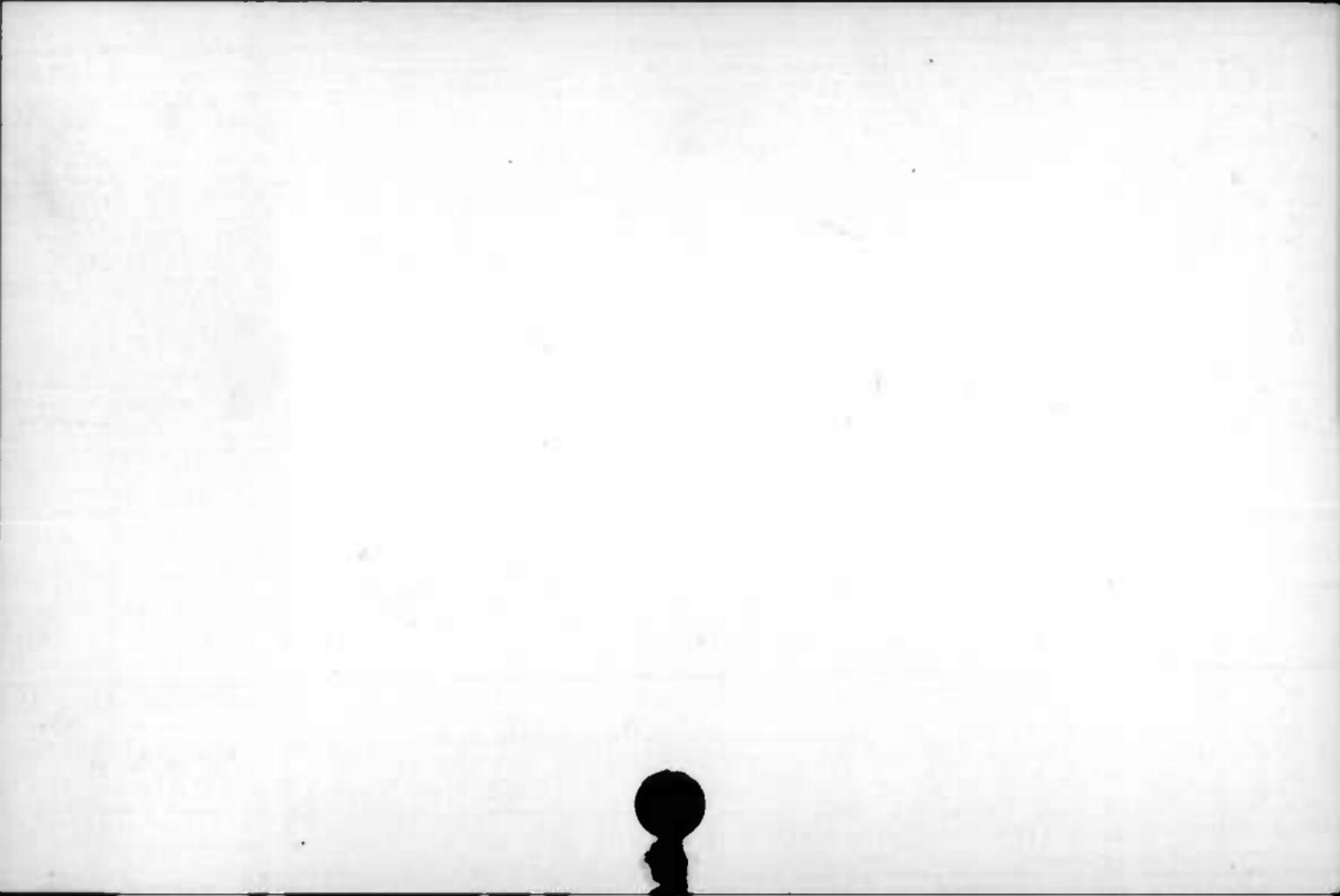
Yes

Signature of Physician

Address

Joseph A. Ross MD  
Grappler Baltimore Co. End

Accident or Suicide?



Name  
in  
Full

Searah Sterting

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Bellview	Town	County	MARYLAND	
Date of death 190	7 July	Month	Day	Years	Months Days
Sex	Female	Color or Race	Age 68		
Occupation				Where Residing if not at place of death	
Married, Single or Widowed	Widow	Name of Wife or Husband	Davy Ward	<del>Belleville</del>	
Father's Name	Jacob Agius			Father's Birthplace	Md
Mother's Maiden Name	Willie Sterting			Mother's Birthplace	Crisfield
Name of person giving information	Sally Ashby			How related to deceased	Daughter

CAUSES OF DEATH

Primary

Absentee

14

How long

1 week

Immediate

Asthenia

How long

—

Are the name, age, sex, color, date and place correctly given above?

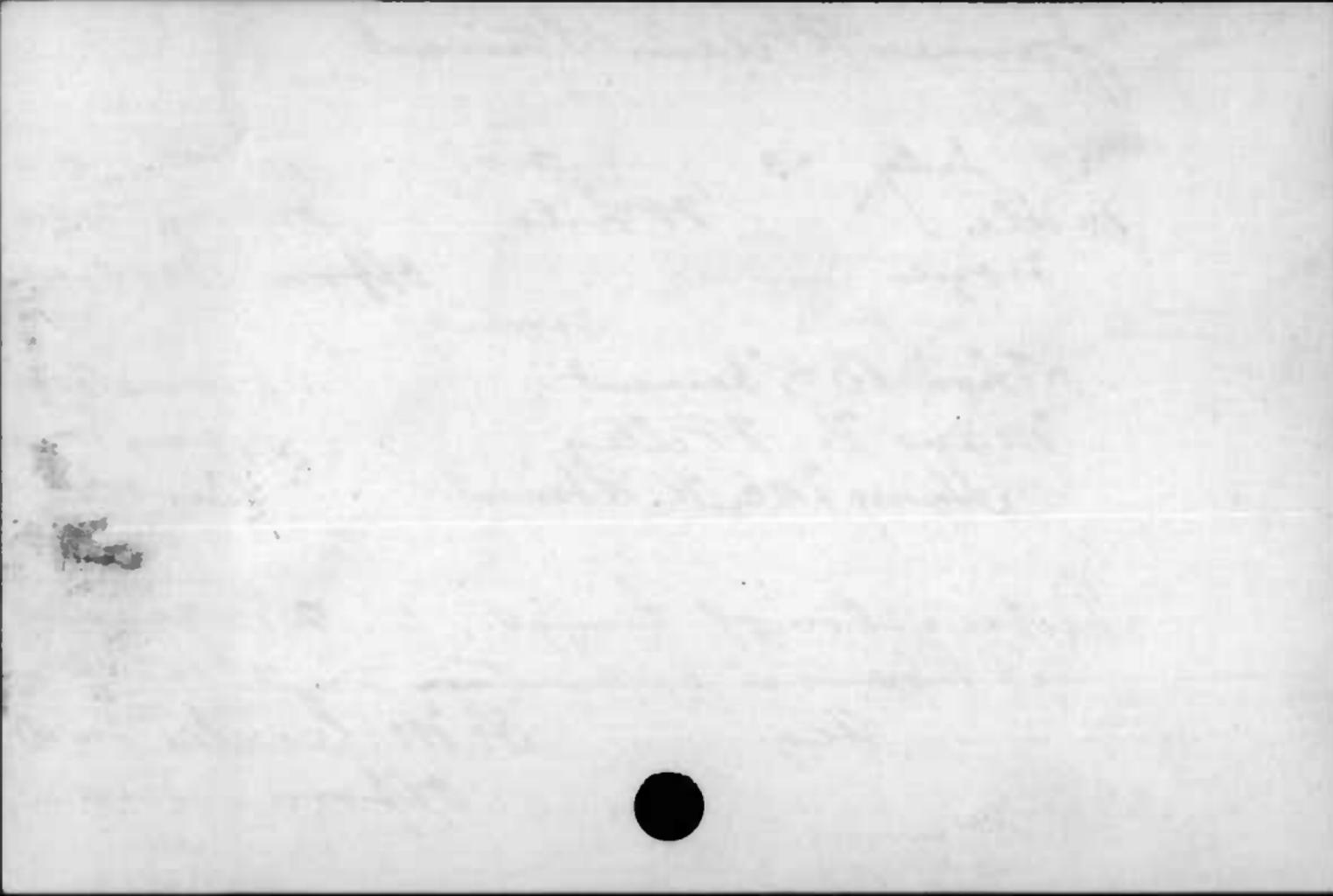
Signature of Physician

Address

Sam'l G Tripp  
Royal Oak  
Md

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

James Willis Stewart

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Town	County	MARYLAND			
Died at offord	Dalbot				
Date of death 1907	Month July	Day 3	Years 20.	Months 11	Days 0
Sex male	Color or Race white	Birth-place offord md			
Occupation none	Where Residing if not at place of death offord md				
Married, Single or Widowed	Name of Wife or Husband none				
Father's Name Thos. B. Stewart	Father's Birthplace offord md				
Mother's Maiden Name mary V. Willis	Mother's Birthplace offord md				
Name of person giving information Henry Inc. K. Stewart	How related to deceased Brother				

CAUSES OF DEATH

27

How long

2 1/2 years

How long

2 weeks.

PHYSICIAN  
OR CORONER

Primary

Tuberculosis of lungs.

Immediate

Physical exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes.

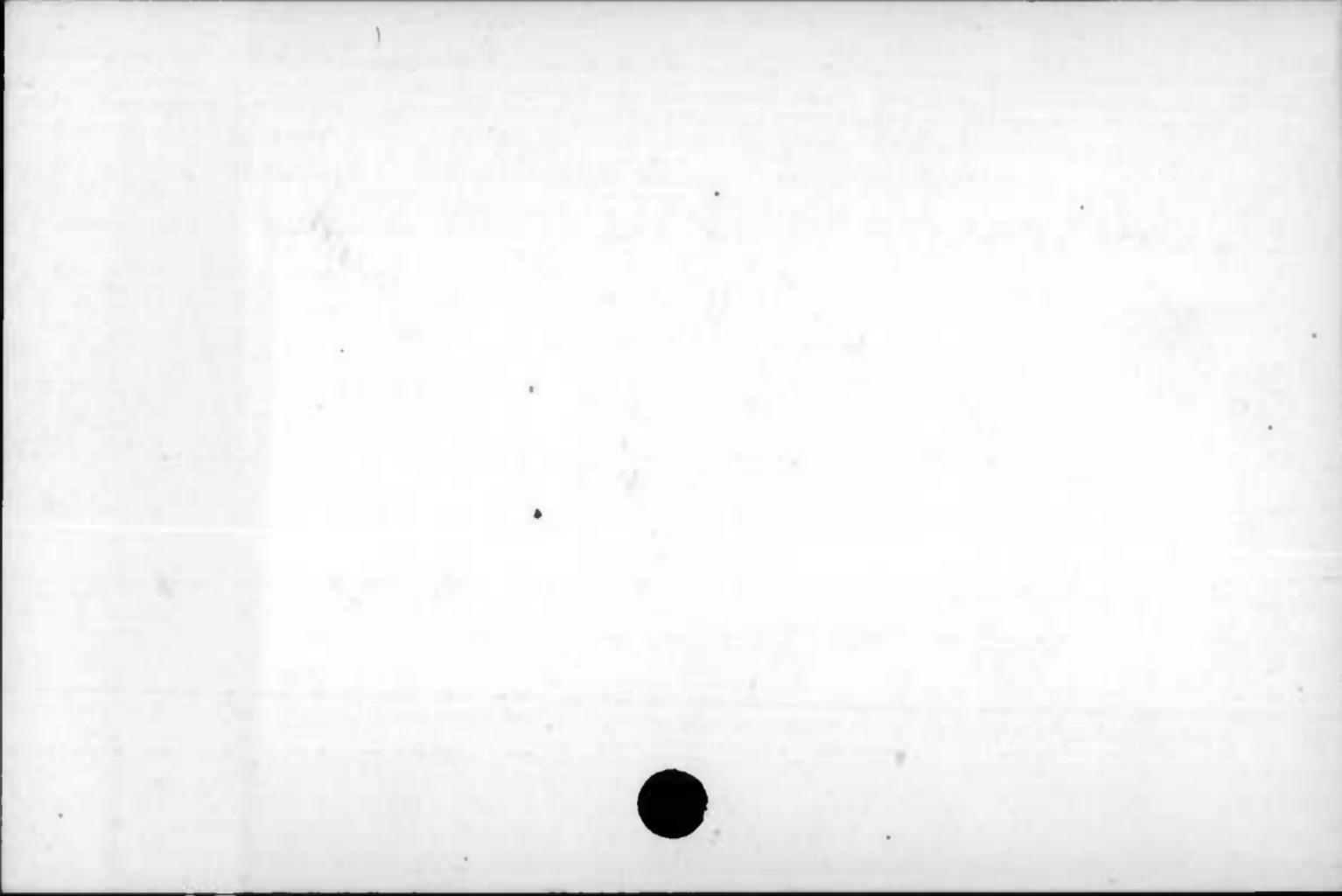
Signature of Physician

J. M. Eccles M.D.

Address

offord md

Accident or Suicide?



Name  
in  
Full

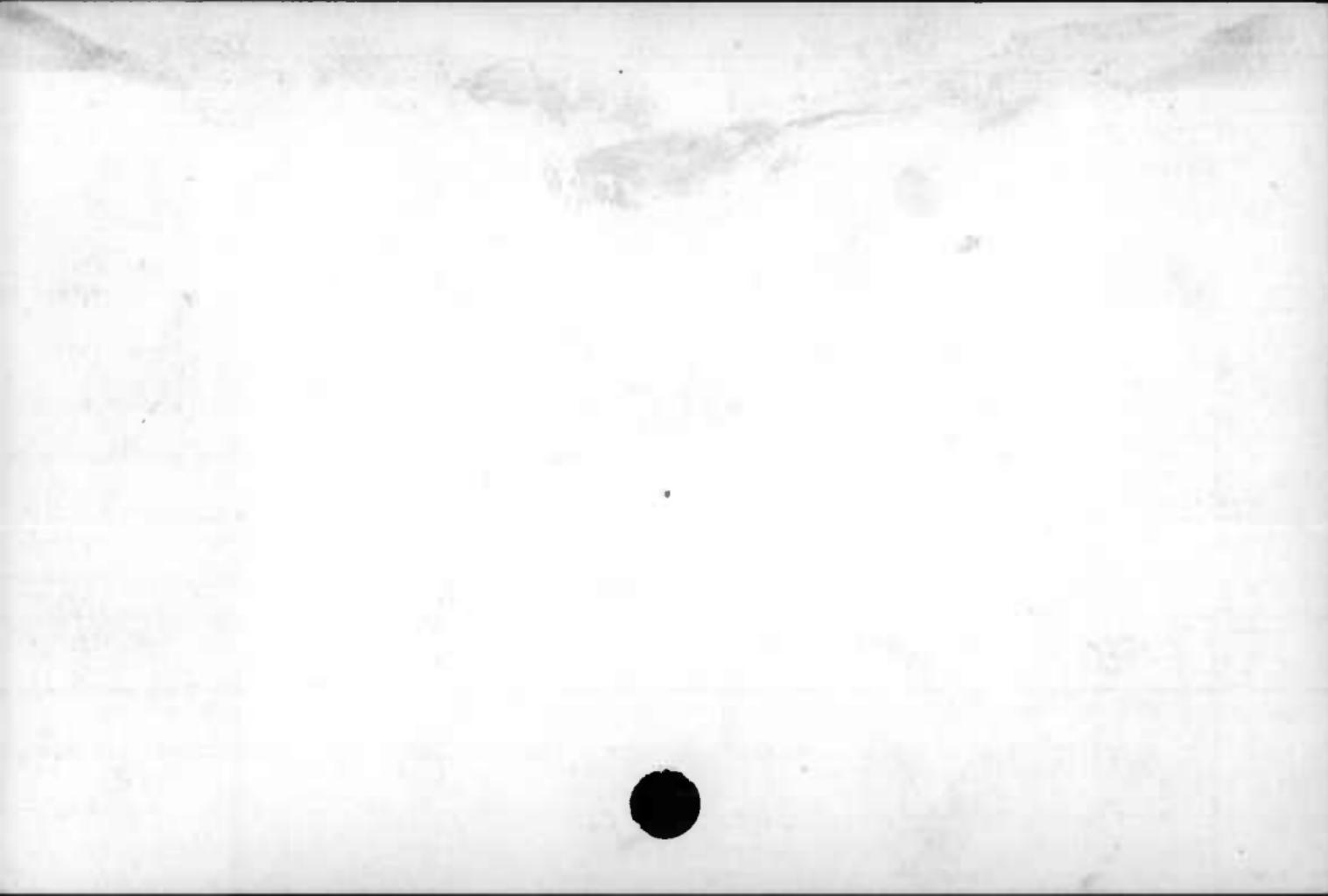
## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	Birth-place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Eliza Sullivan	
Father's Name	Andrew Sullivan		
Mother's Maiden Name	Unknown		
Name of person giving information	J. E. Sullivan		
CAUSES OF DEATH			
Primary	120		
Immediate	How long 4 years How long 16 days		

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	Address
✓	Trappe, Md.
Accident or Suicide?	



Name  
in  
Full

Perry Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	male	Color or Race	Calored
Occupation	none	Where Residing if not at place of death	
Married, Single or Widowed	widower	Name of Wife or Husband	unknown
Father's Name	unknown	Father's Birthplace	unknown
Mother's Maiden Name	McRae	Mother's Birthplace	unknown
Name of person giving Information	John De Gruycey, Supl., of Clerical Hand	How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Prostatic hypertrophy	125	How long	8 months
Immediate	Cystitis		How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	W. S. Seymour
			Address	Trafford Md.
Accident or Suicide?		no		



Name  
in  
Full

Infant child of Lillie Tripp

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Near Eastern</u>		Town	County <u>Talbot</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>July</u>	Day <u>19</u>	Years	Months	Days	
Sex <u>Female</u>	Color or Race <u>Black</u>	Age		Birth-place <u>Talbot Co</u>		
Occupation <u>—</u>	Where Residing if not at place of death <u>Talbot Co</u>					
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>Lillie Tripp</u>			Father's Birthplace <u>Talbot Co</u>		
Father's Name <u>Alonzo Pinder</u>				Mother's Birthplace <u>Talbot Co</u>		
Mother's Maiden Name <u>Lillie Tripp</u>						
Name of person giving information <u>George Tripp</u>				How related to deceased <u>Grand Father</u>		

CAUSES OF DEATH

179

How long

2 mo

How long

2 mo

PHYSICIAN  
OR CORONER

Primary Has been sick since birth  
No Dr

Immediate

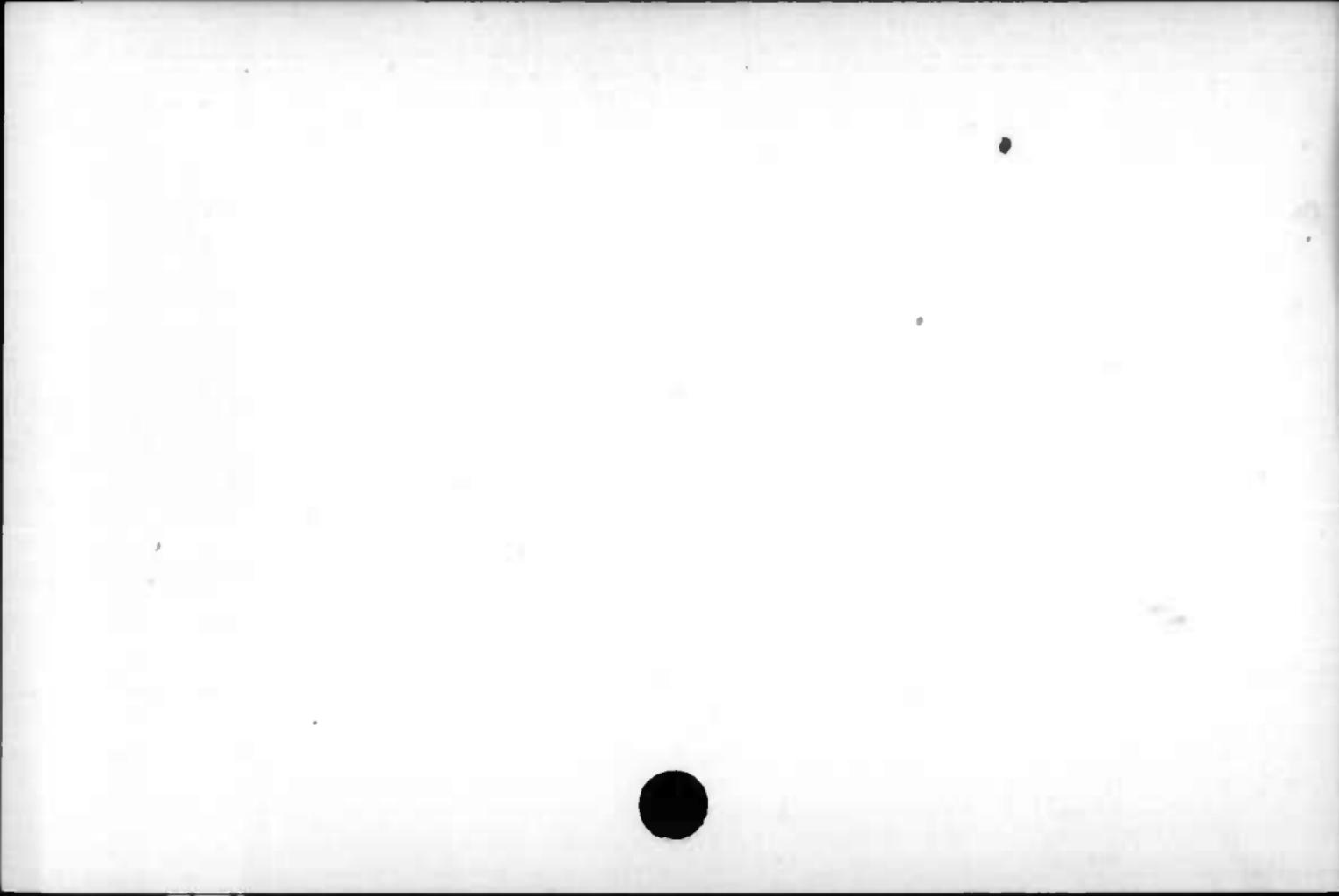
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John B Fairbank  
Sub Registrar

Accident or Suicide?



Name  
In  
Full

Ersk H Zipse

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Easton	Sabine		
Date of death	Month	Day	Years Months Days
1907	July	1 <sup>st</sup>	Age 32 3 . 18
Sex	Female	Color or Race	Birth-place
Occupation	Lady	Where Residing if not at place of death	X
Married, Single or Widowed	Single	Name of Wife or Husband	X
Father's Name	Thomas H. Zipse	Father's Birthplace	Ind
Mother's Maiden Name	Martha S. Mason	Mother's Birthplace	Ind
Name of person giving information	Thos. H. Zipse	How related to deceased	Brother

CAUSES OF DEATH

74

PHYSICIAN  
OR CORONER

Primary

Urinary Prostration

How long

5 weeks

Immediate

Heart failure

How long

a few minutes

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

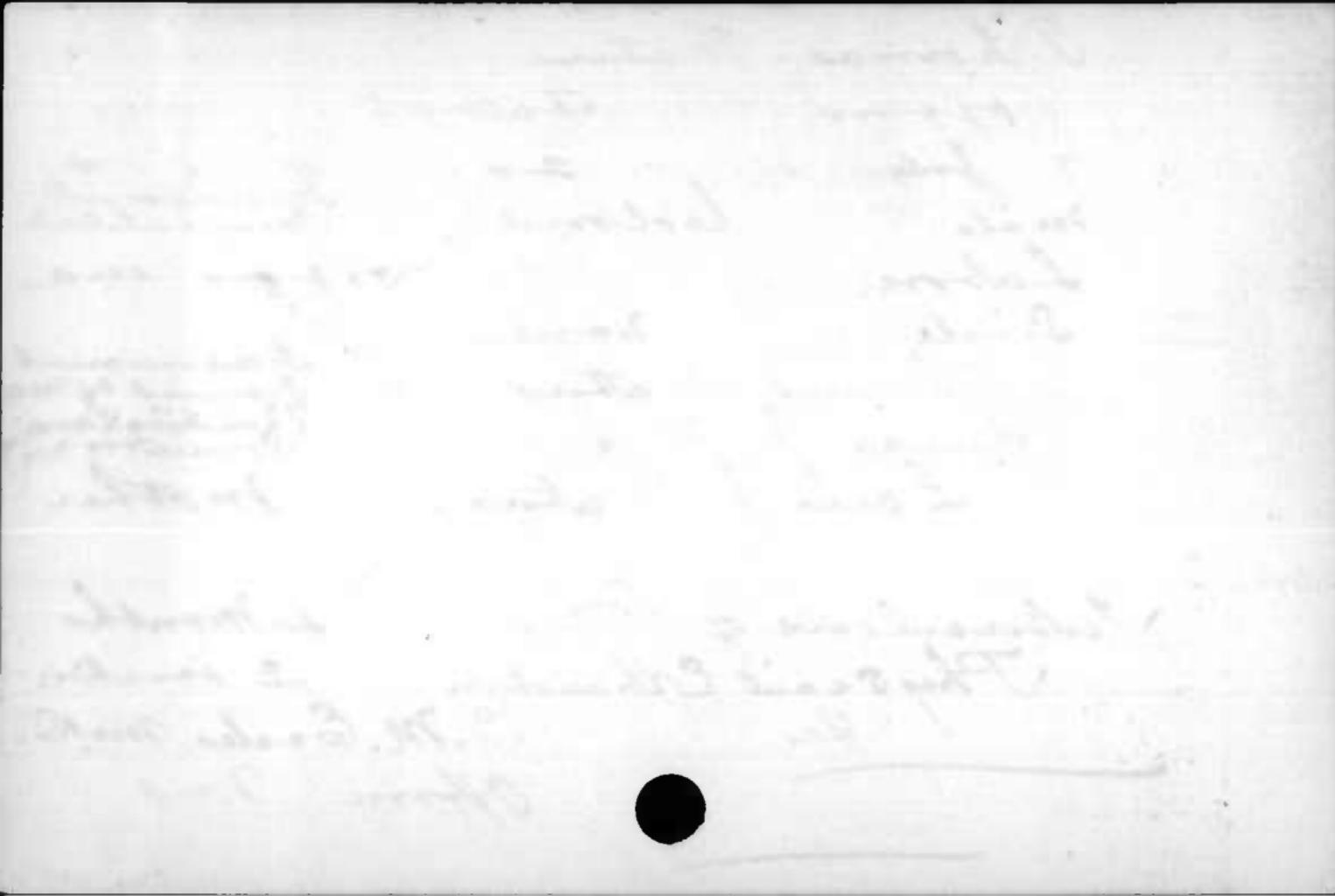
Address

E. R. Zipse

Easton

Ind

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Thomas Waters

Town

County

MARYLAND

Died at

Oxon

Talbot

Date  
of death 1907

Month

Day

Years

Months

Days

July 4.

Age

20

10

Sex

Male

Color or  
Race

Colored.

Birth-  
placeHammond  
Somerset Co. Md

Occupation

Laborer

Where Residing if not  
at place of death

Oxon Md

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

none.

Hammond

Father's  
Name

Thomas Waters

Father's  
Birthplace

Somerset Co. Md

Mother's  
Maiden Name

Laura J. Waters

Mother's  
BirthplacePending Location  
Somerset Co. MdName of person giving  
Information

Laura J. Waters

How related  
to deceased

Mother

## CAUSES OF DEATH

27

Primary

Tuberculosis of Lungs

How long

4 Month

Immediate

Physical Exhaustion

How long

2 weeks

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

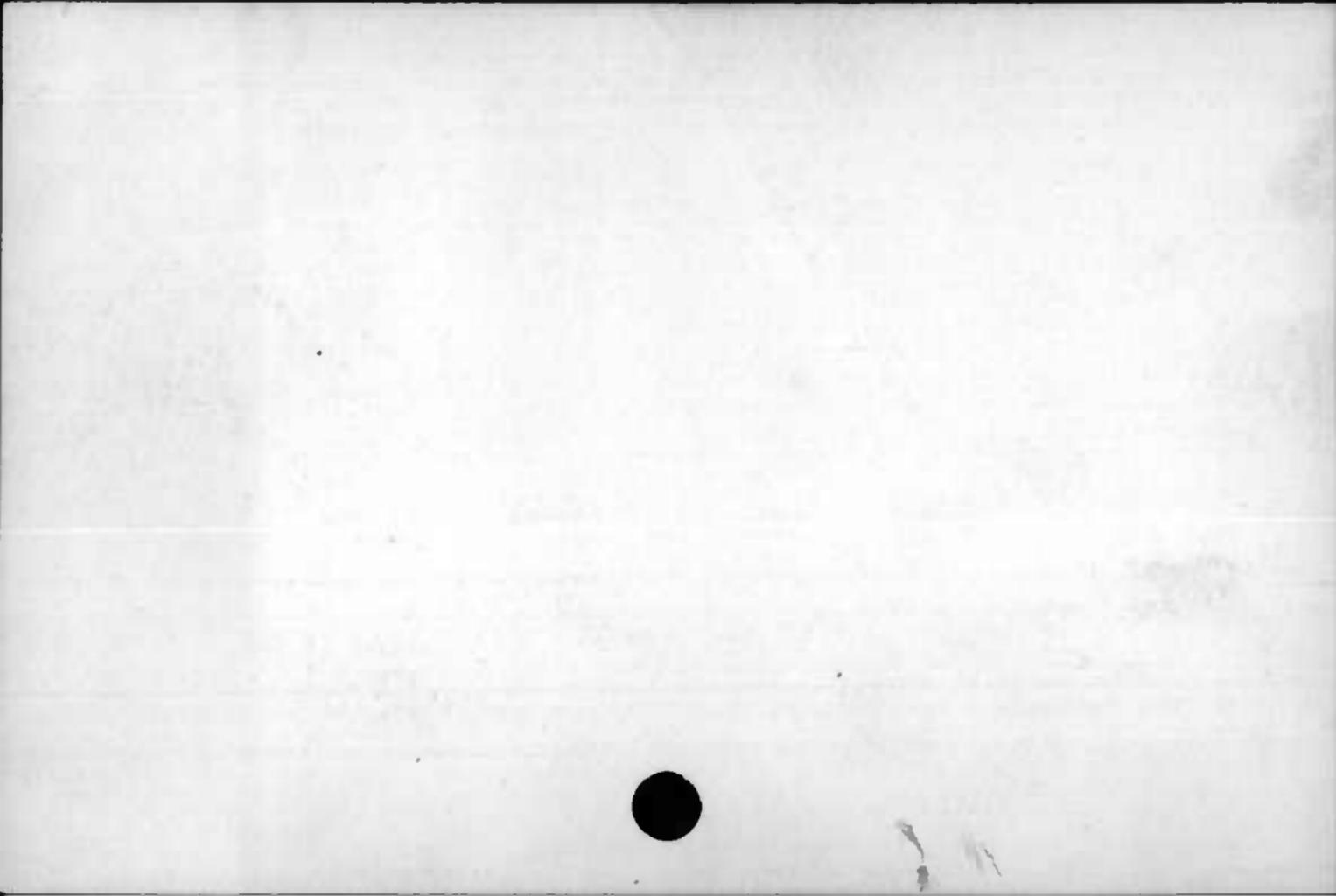
Signature of  
Physician

R.M. Eccles M.D.

Address

Oxon Md

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

P H Y S I C I A N  
O R C O R O N E R

Ada White				CERTIFICATE OF DEATH			
Died at	Town	County		MARYLAND			
Date of death	Month	Day	Years	Months	Days		
Sex	Color or Race	Age	Birth-place				
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace		Baltimore		
Father's Name	Edward Harrison		Mother's Birthplace		St Michael		
Mother's Maiden Name	Cassie White		How related to deceased		Mother		
Name of person giving information	Barney White						

CAUSES OF DEATH

Primary

Thrash

100

How long

a month

How long

Immediate.

Are the name, age, sex, color, date and place correctly given above?

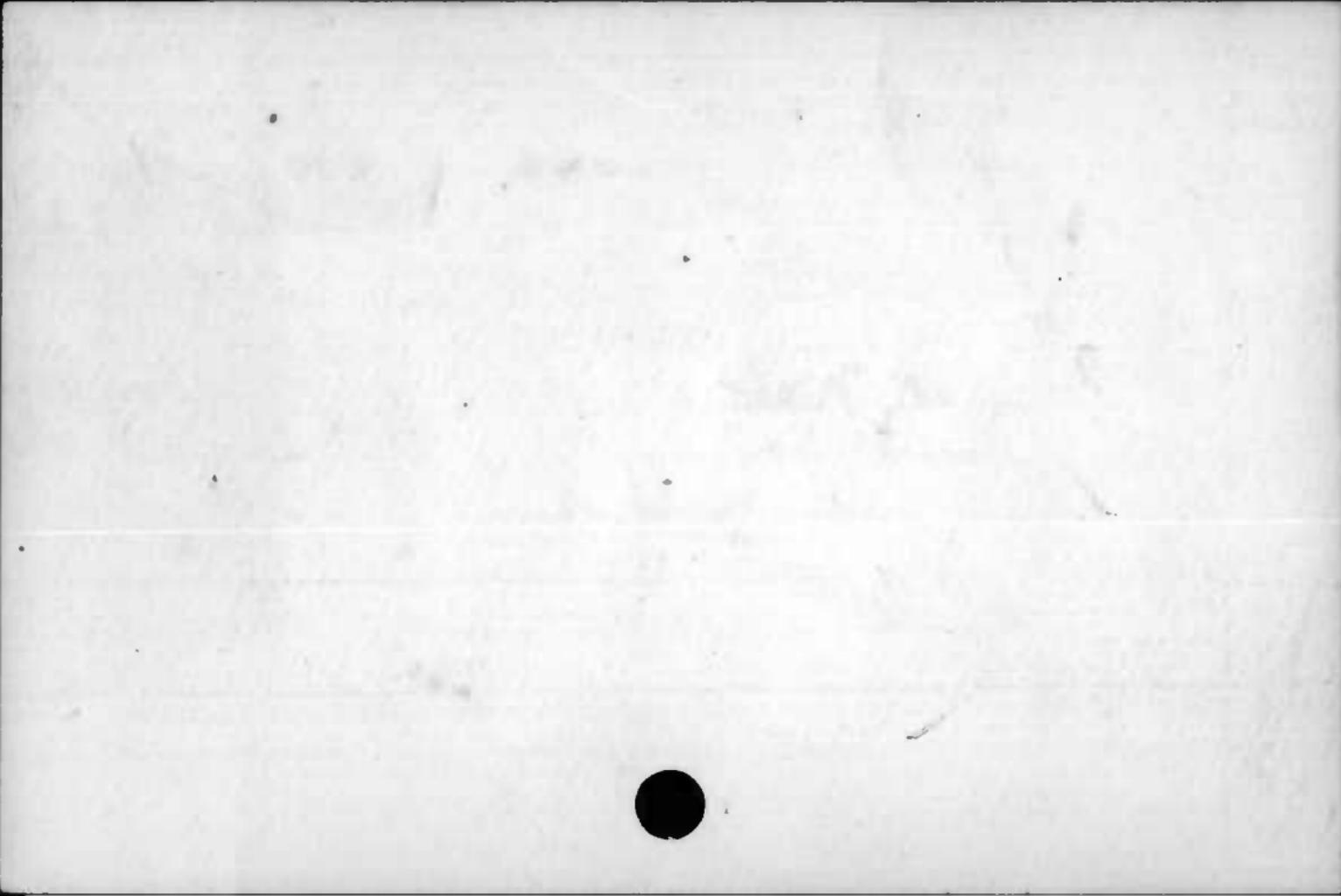
Yes

Signature of Physician

Address

no physician attending  
Walter Stevens  
but say

Accident or Suicide?



Name  
in  
Full

Mary Winston

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date 7-16 of death 1907	Month July	Day 16	Years 36-	Months 10 Days 18
Sex Fem	Color or Race	Age 36-	Birth-place Talbot Co Md.	
Occupation Housewife	Where Residing if not at place of death			
Married, Single or Widowed married	Name of Wife or Husband mary			
Father's Name Thomas Nichols	Father's Birthplace Denton Md			
Mother's Maiden Name Cassie Young	Mother's Birthplace Dorchester Co Md			
Name of person giving information	Jasper Nichols	W related to deceased		Brother
CAUSES OF DEATH				
Primary	Operation - Amputation 93			
Immediate	Pneumonia How long 3 weeks			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long 5 days	
yes		Wm A Davis M D.	Address Oxford	
Accident or Suicide?				

PHYSICIAN  
OR CORONER

